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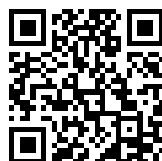
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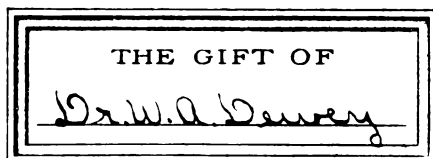
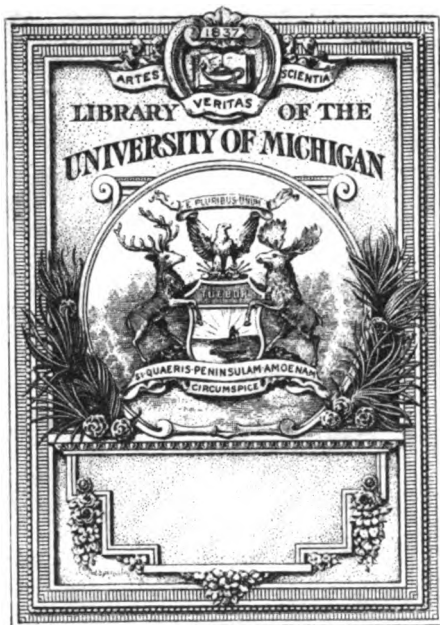
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*The British
Homoeopathic Review*



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**THE
MONTHLY HOMŒOPATHIC REVIEW.**

THE
MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY
ALFRED C. POPE, M.D.,
AND
D. DYCE BROWN, M.A., M.D.

VOL. XLVIII

London:
E. GOULD & SON, LTD., 59, MOORGATE STREET, E.C.
—
1904.

British Neurological Society

BRISTOL
J. WRIGHT AND CO.,
PRINTERS.

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THE MONTHLY HOMŒOPATHIC REVIEW.

THE NEW YEAR.

ONCE more at the beginning of a New Year we have the pleasure of greeting our colleagues and readers, and of wishing them every best wish for 1904. The past year has been one of importance in the progress of homœopathy, of which the chief feature has been the commencement of the practical work of the British Homœopathic Association. We have noticed from time to time the gradual development of the plan of campaign of the Association, with the view of spreading the knowledge of homœopathy by systematic teaching and other methods. Some critics were inclined to think that matters were progressing too slowly, but, as we more than once pointed out, it was impossible to hurry over the initiation of a great programme without careful and prolonged consideration, in order to avoid failure. We anticipated that by the beginning of 1904, the definite scheme of the association would be fully completed, and active work begun. In the summer, a course of lectures was given in a tentative manner, a Travelling Scholar was sent to America, and a Tutorial course at the London Homœopathic Hospital was commenced in October. But now at the beginning of the New Year, as we anticipated, we are able to publish the completed programme of work. As it will be found in full in our *Notabilia*, we refrain from

giving details here, and we refer our readers to that part of the *Review* for their information. We need only point out how complete the arrangements are. In January, February, and March, a course of lectures on Homœopathic Materia Medica, and one on Homœopathic Therapeutics are to be given, two lectures a week on each subject. while in the summer session of May, June, and July, the same subjects are to be treated of daily. The lecturers on Materia Medica are DRs. J. H. CLARKE, and T. G. STONHAM, and those on Therapeutics, Drs. GALLEY BLACKLEY and DYCE BROWN. Besides these, we would draw special attention to the Tutorial Course by DR. STONHAM, and to the "Missionary" lectures, during January, February, and March; and in the summer session to the Post Graduate month in May; also to the Prize Essay, and to the plans for the proving of drugs and for original research. This programme, we think, will be considered an excellent and, as far as possible, complete scheme for the teaching and illustration of homœopathy. We may add that these lectures are strictly professional; that is, they are intended solely for qualified medical men and women, and for advanced students.

But there is another important development which will also be found in detail in our *Notabilia*. It is the commencement of a course of instruction for missionaries, male and female, before going abroad to their various spheres of work, or for those who are at home on furlough. It is of the utmost consequence for such to have as much medical and surgical knowledge as it is possible to convey to them in a few months. It is well known that those missionaries who can treat the body as well as the soul have much more influence with the peoples among whom they work than where they try to propagate the Gospel only. Hence the success of medical missions. Those whom we propose to train are not to be reckoned medical missionaries, or medically qualified in any legal way, but simply ordinary missionaries with the added knowledge of how to treat simple complaints, and to render first aid in injuries and in minor surgical cases, where far from any doctor. The value of such training must appeal to the common-sense of every one who is interested in the success of missions. It likewise tends to the indirect spread of

homœopathy, since every missionary who knows how to treat sickness homœopathically and successfully is a focus for the spread of this beneficent and divinely given system. We therefore specially commend to the notice of our readers the very full and complete course of training which is to be inaugurated this year. We advise all our colleagues who know young missionaries, male and female, to bring it before them. When we speak of a complete course of instruction, we mean, of course, comparatively. The knowledge that a lay-man or woman can assimilate in a few months must necessarily be superficial and simple, but it is complete as far as the circumstances will allow. When it gets to be known, we have little doubt that it will be largely taken advantage of. We therefore look forward to the coming year as one that will make a land-mark in the progress of homœopathy, and in its teaching.

The British Homœopathic Society is in a prosperous condition, the meetings are well attended, and much interesting and valuable work is there done and brought to notice, by instructive papers, and the exhibition of morbid specimens.

The British Homœopathic Congress is to be held this year in London, under the Presidency of DR. BURFORD. The programme is already arranged, and will be announced in due time. We expect it will be a very interesting congress. It is fixed for Friday, July 1st. As on the last occasion on which it was held in London, in 1902, it was resolved that the meetings of the British Homœopathic Society and the Congress should be made to synchronize, in order that our colleagues should have the opportunity, if possible, of attending the meetings of both. The Society will therefore hold its annual meeting (which by the rules, as at present existing, must consist of meetings on two consecutive days), on Wednesday and Thursday, the 29th and 30th of June, while Friday, July 1st, will as we have stated, be devoted entirely to the Congress. This plan will be, we are sure, acceptable to all. It seems a pity that the rules of the Society necessitating the two days of the annual meeting being consecutive should not be altered, and we trust that it will be amended, so that if desired, on a similar occasion in future, the Congress

day might be sandwiched between the two days of the Society, and our colleagues could select the days they can come to the Society meetings, one of which is almost purely formal, and devoted to "business" alone.

We regret that we never pass a year without having to record the loss by death of valued and much missed colleagues. The past year has been no exception to this sad fact. In our obituary notices came the lamented names of DR. McKECHNIE, DR. HAMILTON, DR. ROBERT T. COOPER, and DR. BRADSHAW, and now we have with much regret to include the name of DR. JOHN WILDE, of Weston-Super-Mare, who passed away in December, and of whom we speak more fully in another page of the *Review*. Also we had to record with much regret the loss to homœopathy and to science of MR. ISAAC C. THOMPSON, the well-known chemist and man of science, whose loss is widely and deeply mourned.

And among our *confrères* in America, we had to notice the loss by death to the cause of homœopathy in the United States, of DR. T. F. ALLEN, DR. BUSHROD JAMES, and DR. VERDI.

We are told in Holy Writ of many noble saints that "these all died in faith, not having received the promises," and so we may say of these our colleagues whom we have named, that they died in faith of the great cause we all have at heart being adopted as the dominant principle for the treatment of disease, without seeing the actual accomplishment of it. Let us all take example by their devoted lives, and use all our energies in the spread of what we believe to be a divinely-given law of healing, so that when our turn comes to quit our earthly habitation, we may have the satisfaction of a good conscience, and feel that we have done our best to make use of the talent that each one has given him to further in his own profession the spread of the Truth, and the consequent glory of God.

THE MEDICAL OFFICER OF HEALTH FOR HOBART, TASMANIA.

AN interesting and amusing incident is in progress in Hobart, Tasmania. A Medical Officer of Health had to be appointed by the City Council, in succession to DR.

WILMOTT, who has retired. At the meeting of the City Council on October 26th our *confrère*, MR. GERARD SMITH, so well known to his former colleagues in England, who had to give up practice in London on account of his health, but who has so far recovered it as to be able to resume practice, this time in Hobart, was elected by a substantial majority to the vacant post, there being two other applicants. This appointment has, we understand, created a great excitement in Hobart. The Central Board of Health, consisting of four allopathic doctors and three laymen, has, we learn, the power to veto the appointment, and it is currently stated that they mean to do so. Homœopathy is well represented on the City Council, as the MAYOR, who was absent from the meeting owing to his having had to go to Melbourne on account of a family bereavement, the Acting-Mayor (Alderman H. T. GOULD), and at least two other aldermen are staunch homœopaths, and we understand that the Council is resolved to fight the question, and if the Central Board of Health unwisely veto MR. GERARD SMITH's appointment, it means to re-elect him, again and again, till the Central Board of Health climbs down, and acquiesces.

We learn that the objections to the appointment are these. (1) That MR. GERARD SMITH is a homœopath. This everyone there understands is *the* objection. (2) That he was not duly registered at the time of his appointment. This is a technical objection which, if insisted on as the reason, can be easily got over by a re-election. The facts are that MR. GERARD SMITH sent his diplomas to the registrar, and paid his registration fee, but was told he was just too late for the last issue of the *Gazette*, and by some mistake on the registrar's part, the notice was not printed in the next *Gazette*. But we learn also that the advertisement for the post of Health Officer did not ask for a registered candidate, but only for a qualified one. And (3) That MR. SMITH is DR. GIBSON's assistant, and that if any one held the appointment, it should be DR. GIBSON. This is too absurd. MR. SMITH is not DR. GIBSON's assistant, but is only collaborating with him in practice, with the view of a partnership, if they, after a trial, find it desirable.

These two latter objections are believed to be put forward only to throw dust in the eyes of the public in order to minimise the real objection, namely, that MR. GERARD SMITH is a homœopath.

Meantime, MR. GERARD SMITH is acting as Health Officer, while DR. WILMOTT, the retiring Health Officer, magnanimously stated that till the matter is finally settled he will continue to act, if necessary, in name, while MR. SMITH will do the work, and draw the salary. DR. WILMOTT has, we understand always shown an open and broad-minded friendliness towards the homœopathic doctors. This is confirmed by his courageous and magnanimous conduct as stated above, and also by his remarks at the first meeting of the Health Committee of the City Council, in which, we learn, he made an able speech congratulating MR. GERARD SMITH on his appointment. In the course of his speech he said that "he must also congratulate the City Council on its Twentieth Century up-to-date action in electing a homœopath to the position, and that in his opinion all recent advance in the practice of medicine had been on the lines of homœopathy." This is admirable.

The incident is, as we have said, creating quite an excitement in the town, and the upshot of the decision of the Central Board of Health is being keenly watched. As showing the general feeling of the public in Hobart, we extract the following editorial paragraph from the *Tasmanian News*.

"At a recent meeting of the City Council, Dr. Gerard Smith was appointed local health officer by a substantial majority of the aldermen. Dr. Smith is a homœopath, is a M.R.C.S. and L.S.A., London. For twenty-five years he had an extensive practice in London, and frequently assisted the officer of health, the late Dr. Tripe, on the origin of serious epidemics. He acted on the sanitary aid committee in connection with the Mansion House scheme for housing the poor, inspected dwellings, dairies, schools, food, etc., was local chairman of a local committee of the Lea Valley drainage scheme, and was successful in aiding an improved service, and preventing

the pollution of the river. He was also lecturer under the Oxford House scheme for instructing the working classes on matters of personal and public health, and is in many ways specially fitted for the position to which he has been appointed. Unfortunately—but only for the necessity for the trouble of a re-election that may have to be incurred—Dr. Smith's registration was not gazetted before his appointment, and it is said that advantage is to be taken of this fact to upset his election as health officer. It is stated that the appointment of a homœopath has given umbrage in certain quarters, and that pressure is to be brought to bear to induce the Central Board of Health—which has power to reject any appointment of a local health officer (a wise provision in itself)—to veto the recent selection made by the City Council. It is to be hoped for the credit of the city that there is no foundation for such a rumour, but the subject is current talk this morning. A very excellent selection appears to have been made, and there should be no doubt as to its ratification by the Central Board of Health."

We hope to have further information as to the result to present to our readers in our February issue, and it is to be hoped that the Central Board of Health will have the wisdom and tact not to veto the appointment, and so save themselves from occupying a false and undignified position.

We feel sure, and we know all MR. GERARD SMITH'S *confrères* will also feel with us, that the City Council of Hobart could not have appointed a Health Officer with better qualifications for the post, and that the town is to be congratulated on having such an able practitioner to fill this important appointment. We heartily offer our congratulations to our colleague.

THE "TABLOIDS" CASE.

This case is interesting to all homœopathic chemists in itself, but specially as the defendants in this case were Messrs Thompson and Capper, the well-known firm of homœopathic chemists of Liverpool and Manchester. It also has a sad interest for us, inasmuch as Mr. Isaac C. Thompson died suddenly, as we recorded in our last issue, just before the

hearing of the case, and it was believed by many of his friends that the anxiety and worry connected with the legal proceedings materially hastened Mr. Thompson's death.

As to the use of the word "tabloids," we are under the impression, and we think we are correct, that the tablet form of administering triturations, and also tinctures, in this form with sugar of milk,—certainly, we think, the triturations—was initiated by homœopathic chemists, and called by them "tablets" long before "tabloids" were heard of. For our own part we have always, on this very ground, continued to use the word "tablet" in prescribing, specially objecting to their being called "tabloids." If we are correct, and some of our homœopathic chemists can corroborate or otherwise our belief, then it would look as if Messrs. Burroughs and Wellcome, who produce some homœopathic medicines in the form of "tabloids," wished to avoid the appearance of adopting too closely homœopathic appearances, and so coined the word "tabloids" to escape such appearance. Of course if we are mistaken in supposing that "tablets" were in use by homœopathic pharmacists long before "tabloids" were heard of, this surmise falls to the ground. But we should be glad to hear from the homœopathic chemists on this point.

In any case, we think it would be well if homœopathic doctors and chemists would keep to the old name of "tablets," as one really of their introducing. What gives colour to our surmise as to the origin of "tabloids" is that our "pilules" are now copied by old-school chemists as "parvules," and our good old "globules" as "granules," since it would never suit the old-school chemists to use these original terms, as savouring too much of homœopathy, and tending to uncomfortable queries. It is evidently the order of the day in the old school to pay us the compliment of not only largely adopting our treatment, without hinting that it is homœopathy, but of adopting also our well-known forms of administration of drugs, but with a modified name, to save appearances. We are often asked "What's in a name?" There is evidently a great deal in a name, as we have pointed out, and hence in this trial *illæ lacrymæ*. We take the following account of the case from the *Liverpool Courier* of Dec. 15th, which will let our readers see what it was all about.

"Judgment was given yesterday by Mr. Justice Byrne, in the Chancery Court, in the suit heard in which Messrs. Burroughs, Wellcome, and Co., of London, claimed against Messrs. Thompson & Capper, of Liverpool and Manchester, in respect of the alleged passing off of goods not of the plaintiffs' manufacture in response to orders for "tabloids," which word plaintiffs claimed to have invented and registered

as their distinctive trade mark and to have applied it to a variety of manufactures. For the defence, books and other documents were produced to show that the word "tabloid" was used in reference to matters altogether apart from plaintiffs' trade.

Mr. Justice Byrne, in delivering judgment, said he had to deal with an action to restrain the passing off of goods not of the manufacture of the plaintiffs as and for their goods, and from selling or offering for sale any such goods under the name tabloid or tabloids, and from infringing the British trade marks of the plaintiffs, and with a motion on the part of the defendants to expunge the trade marks from the register. Previous to March, 1884, the plaintiff firm were manufacturing and selling compressed drugs in a solid form and of a particular bi-convex shape as tablets. In March, 1884, they registered under Class 4 in respect of substances not included under Class 1 the word "tabloid," and in January, 1885, they registered in the same class the representation of the top of a box with the word "tabloids" upon it. These registrations have been renewed and are in force. The plaintiffs have sold compressed drugs ever since the registration of the word "tabloid." These drugs have always been sold of the original shape and size, and they have also been sold of other sizes and of a different shape, chiefly, however, of a bi-convex form. The list of drugs so made and sold has been extended from time to time. The plaintiffs have always sold their solid compressed drugs in connection with the word "tabloid" or "tabloids." The question, therefore, was whether or not the word "tabloid" was a distinctive fancy word not in common use at the date of the registration, viz. 14th March, 1884. It was important to keep the date in mind in considering the matter, and this was forcibly brought home to him in the course of the case, because he had been under the impression himself that this was a common dictionary word, but he was satisfied that this was really due to his acquaintance with the word in connection with the drugs he had described, which had become so well known since 1884. After referring to the definitions of "tablet" given in several dictionaries, his Lordship said that the plaintiffs had registered the word "tablet" as of the same class, but finding that it could not be sustained, Mr. Wellcome set about finding a new word, and invented the word "tabloid." This word was not in common use, for it was unknown before, and was used by him for the first time. His Lordship said that the Bovril case assisted him, and rendered it unnecessary for him to go into earlier cases. He came to the conclusion that in March, 1884, the word "tabloid" was not really understood as

intelligibly descriptive of the thing sold, which was the way in which Lord Lindley put his direction to the jury in the Bovril case. He agreed that there was a suggestion or atmosphere of description about the word, but he did not think it could be said to be other than a fancy word as applied to goods in the class in which it was registered. He now came to the other part of the case, which was clearly proved, that since the registration of the word "tabloid" or "tabloids," the plaintiffs had continuously and at enormous expense advertised their goods under the particular words. They dealt only wholesale, and that portion of the public with which they dealt directly was mostly composed of chemists, doctors, and nurses, and it was to these that their advertisements and trade circulars were directed—to all these classes diaries were and had been for many years sent annually, in which Messrs. Burroughs and Wellcome's goods were referred to as "tabloid" or "tabloids." He had the evidence of a very eminent body of medical men which convinced him that the words "tabloid" and "tabloids" meant and denoted, and had always meant and denoted, the goods of the plaintiff firm. All that could be done by the owners of the trade name had been done. The use of the word had become so well known that he thought it had acquired a secondary sense, and that it might be used so long as it did not interfere with the plaintiffs' goods. Mr. Walter ingeniously suggested that the plaintiffs had sought to rob the English language of its natural development, but he thought it was more correct to say that the plaintiffs had made a gift, such as it was, to the language. A large number of compressed drugs had been introduced in connection with the words "tabloid" or "tabloids," and he was satisfied as the result of the evidence of the medical men who had given their testimony, that doctors who described and used the word "tabloid" intended the goods of the plaintiffs, and that to chemists and others in the trade the words had the same meaning. Sometimes doctors added to the word "tabloid," "B. and W.," or the name of the firm, but that was to prevent a substitution of drugs of a less reliable form than the plaintiffs. In his opinion the trap orders were fair, and the plaintiffs had proved their particulars, and were entitled to an injunction, independently of the question of trade mark. The motion to rectify must be dismissed with costs.

It was agreed that instead of an inquiry as to damages, there should be a judgment for 40s. damages."

We also subjoin an editorial article from the *Liverpool Courier* of the same date, as an indication of public opinion.

"Messrs. Burroughs, Wellcome, and Co., have the same

delight in "tabloids" that Wee Macgregor had in 'taiblets.' The feeling is perhaps not unreasonable. The firm occupies a foremost position in the trade, and Mr. Wellcome did a very useful service for the English language when in 1884 he invented the word 'tabloid.' Unfortunately he had no thought of the language at the time. His mind was fixed upon the affairs of his own firm. But, without so much as asking his leave, the public have commandeered his verbal invention, and to the ordinary man it must seem that the case in which Mr. Justice Byrne gave judgment yesterday really turned upon whether or not the free and unfettered use of this admirably descriptive word is to be permitted. According to the judge the legal issue was whether it is a fancy or an intelligibly descriptive term, and his lordship has held it to be the former. At the same time, he admits that there is a suggestion or atmosphere of description about the word, and to those who have followed the case it must seem that the atmosphere is decidedly apparent. 'Tabloid' is, of course, not descriptive of specific drugs, nor of a class of drugs, it is only applicable to the form in which they are issued. During the hearing of the case this was abundantly proved to be the general acceptance of the term, and in this sense it is, as we have said, most aptly descriptive. Indeed, so enamoured have the public become of it that it is now applied to anything small or compressed. Of course, Messrs. Burroughs and Wellcome endeavoured to prove that, whatever the general public may think, the profession, or rather those who did business with them, restrict the application of the word to their particular drugs. To this end they adduced the evidence of a number of doctors and chemists, who testified to the association of the word in their minds with Messrs. Burroughs and Wellcome's products.

"Mr. Justice Byrne appears to accord great weight to the professional evidence. Messrs. Burroughs and Wellcome, he remarks, dealt only wholesale, and the class with which they traded directly was mostly composed of chemists, doctors, and nurses. That is no doubt true, but who deal with the chemists? Messrs. Burroughs and Wellcome's drugs in tabloid form are extensively used by the general public, and it could hardly be contended that the mass of people confine their application of the term to the goods of a particular firm. As a matter of fact, it was shown in evidence that the ordinary man, who has as much right to buy non-poisonous drugs as a doctor or a chemist, regards the word as merely descriptive of form. For instance, Messrs. Thompson and Capper, of Liverpool, who were the defendants in the case, produced in court a large number of written

orders asking for tabloids, and none of the goods mentioned were those of the plaintiffs. Articles which the plaintiffs did not manufacture at all were also ordered from Messrs. Thompson and Capper under the name of tabloids. It may be that Mr. Justice Byrne has reached a correct judgment on the merely legal issue, but the popular point of view is unfortunately very different. At all events, it would seem as if in this instance the popular view were antagonistic to the legal. Whether this be so in reality or not, it is certainly true that in regard to all sorts of drugs the public have now been practically deprived of a singularly useful and expressive word, and it must be confessed that the judgment places firms like Messrs. Thompson and Capper in a rather awkward predicament."

OBSERVATIONS ON THE THERAPEUTIC USES OF THE TINCTURE OF AILANTHUS.

By ALFRED C. POPE, M.D.

HOMŒOPATHY enables us to utilize accidental cases of poisoning for therapeutic purposes, as no other therapeutic method of enquiry will do—a poisoning is a proving, and when carefully studied one of the best kind. The *Ailanthus glandulosus* is a tree, a native of China, attaining a height of 30 to 60 feet, of rapid growth, and by reason of this and its graceful foliage, and also that it is avoided by caterpillars and insects, is rendered attractive as an ornament for streets and parks. Hence it has been largely planted in the streets and parks of New York, Brooklyn, and other cities in the United States; but on the other hand, so much illness has arisen during the flowering season that many of them have been cut down. In this country its seeds have ripened at Reading, and also at Belton Park, Lord Brownlow's place, near Grantham.

Its activity is chiefly, though not exclusively, developed during the flowering season. The tincture should be prepared from the fresh plant, the dried root and bark being, if not absolutely inert, far less powerful than the juice of fresh, well developed flowers and bark.

Our knowledge of the pathogenetic properties of the *ailanthus* was, in the first place, accidentally obtained, and the provings, which have since been made, have confirmed and somewhat extended our knowledge of its

action. A full record of these provings is given in Allen's *Encyclopædia of Pure Materia Medica* and also in the *Encyclopædia of Drug Pathogenesis*; in addition there is a very excellent study of the pathogenesis, and the sphere of utility of the drug in disease, by Dr. Dyce Brown, in the *Monthly Homœopathic Review*, vol. xxi.

The history of the adoption of this drug into the practice of medicine is a striking proof of the value of a therapeutic principle in putting to a useful purpose cases of accidental poisoning, as the results which have arisen from its use in practice are proofs of the value of the homœopathic principle.

A daughter of the late Dr. Wells, of Brooklyn, and a young friend, had been amusing themselves one evening by stripping the outside bark of the young and tender shoots of the *ailanthus*, and then after writing letters on the stalks with the point of a pin, these were rubbed on them by the end of the finger. This process was many times repeated, and by it the juice of the stalk conveyed to the buccal membrane in considerable quantities. The following is Dr. Wells' account of the illness of his child which followed, from the *American Homœopathic Review*, vol. iv., p. 385.

"A girl, 15 years of age, rose in the morning feeling slightly ill, dressed, and went immediately to the breakfast table. She could take no food; the sight of it made her feel so much worse; she immediately left the table and went to her room. She was seized suddenly with violent vomiting; severe headache; intolerance of light; dizziness; hot, red face; inability to sit up; rapid, small pulse; drowsy, and at the same time very restless; great anxiety; two hours after the first attack the drowsiness had become insensibility, with constant muttering delirium; did not recognize the members of her family; she was now covered, in patches, with an eruption of miliary rash, with efflorescence between the points of the rash, all of a dark, almost a livid, colour; the patches between the points of the rash were of a dingy, dull, opaque appearance. The eruption was more profuse on the forehead and face than elsewhere, and especially on the forehead. The whole aspect of the eruption, and the whole condition of the patient, were so just like those so many times seen in cases of this variety of scarlet fever, that the case was unhesitatingly recognized as an example of it, and in its most violent and hopeless form. The pulse was now small, and so rapid as hardly to be counted; the surface had become cold

and dry ; the livid colour of the skin, when pressed out with the finger, returned very slowly ; the whole was a most complete picture of torpor, and seemingly a perfect instance of that manifestation of it which immediately precedes dissolution in those rapidly fatal cases of scarlet fever. There was apparently no prospect of the patient's living more than a few hours. Such cases in the practice of the writer had always gone to a fatal termination, and this had been more rapid in its progress than any he had ever seen. The patient being his own child, he had opportunity for most carefully watching the case. In about three hours from the first appearance of the eruption the livid colour began to lose something of its dark hue ; the restlessness and anxiety diminished ; the pulse became more distinct and less frequent ; consciousness partially returned ; the eruption became a brighter red ; and the whole train of symptoms so similar to this pernicious form of the fever gradually gave place to a train of phenomena scarcely less remarkable, but not at all like those of any variety of scarlet fever. Both the experimenters were made ill, with similar symptoms, but the symptoms were much less violent in the patient's friend. It is a singular fact that this patient has been attacked by a similar miliary rash each year since this poisoning, at the season of the blossoming of the ailanthus, and is now always more or less ill each year from this cause. That it was the result of the ailanthus poison is sustained by the fact that the juice of the green stalks was introduced into the mouths of the two girls, that they both soon after sickened, suffering from similar symptoms, differing chiefly in degree of severity rather than in kind ; and in the case of my patient showing subsequently a train of symptoms precisely like those witnessed in the case of a lad who was poisoned by taking the seeds of this tree."

In a letter which I had from Dr. Wells, he informed me that the train of phenomena to which the primary symptoms gave place were of the nature of a series of rigors followed by burning fever, attacks of which continued for a fortnight. The following were the characteristic symptoms :—

" During the chill there was great hunger, with a distressing sense of general emptiness. Any food taken was speedily vomited. Intolerable pain was felt in the back of the neck, the upper part of the back, and in the right hip-joint. During the hot stage there was urgent thirst, with delirium, and a strong desire for brandy. The chill was always preceded by a miliary eruption, most copiously developed in the forehead and face."

Dr. Wells, in introducing this case as one calculated to teach us something in the treatment of scarlatina, very cautiously says, that it gives us some reason to believe that it may be found valuable in cases characterised by symptoms of intoxication of the brain. Dr. Wells drew this inference solely from the fact of the close similarity of the symptoms of his child and those of what is termed malignant scarlatina. But for his knowledge of the law of similars, this accidental poisoning would have taught him nothing, save that ailanthus juice was very deleterious, and beyond having given him a knowledge of the symptom ; by which the injury it effected might be recognised, this poisoning would have been useless, and would only have added an interesting curiosity to the many already collected in toxicological works. But guided by this law, Dr. Wells was able to suggest its use in scarlatina of a type in the treatment of which we were wellnigh powerless. Believing that the unintentional proving made by Miss Wells and her friend were of great importance, I introduced them, with a few comments, to the notice of English physicians in the *Monthly Homœopathic Review* of 1867.

Though my own practice has so far not afforded me an opportunity of testing the powers of ailanthus in cases of scarlatina presenting symptoms similar to those appearing in Miss Wells, other physicians have had such opportunities, and have successfully employed it. Of these one of the earliest was Dr. Chalmers, of Sheffield, at that time practising at Thornhill in Dumfriesshire, and engaged in an experimental investigation of homœopathy. An epidemic of scarlatina raged in the village and its neighbourhood. The type of disease was adynamic throughout, and the mortality great. Dr. Chalmers wrote to me at this time to the effect that in the malignant form of this disease he was much disappointed with the medicines he had used. In reply, I told him that I doubted the existence of any true *simile* to malignant scarlatina unless it were ailanthus. I sent him a copy of my paper, and some tincture which the late Messrs. Turner, of Fleet Street, had obtained from New York. Up to that time Dr. Chalmers had lost nearly every, indeed if I remember aright, every case of the truly malignant type that had come under his notice. Subsequently to this he met with seven cases of this character ; all were treated with ailanthus, and all recovered. One swallow does not make

a summer, neither do seven. But prior to the use of ailanthus it must be remembered that Dr. Chalmers had lost *all* such cases, while subsequently to his using it, every one he met with recovered. That is a fact sufficiently striking to render one disposed to put the same remedy to the test in similar cases. The late Dr. Madden mentioned to me that he had seen several cases apparently saved by it—one which he saw in consultation appeared utterly hopeless, but rallied promptly and recovered well after its use. The late Dr. Fischer, of Sidney, too, has had large and gratifying experience of its use.

Dr. Chalmers published a very interesting report of his cases in the *Monthly Homœopathic Review*, Dec., 1868. From them I will select the following:—

“CASE 3.—A. S., æt. 2 years and 5 months August 30, 1868. One of two ill; rather a delicate child, and prone to bronchial attacks. She has been fretful and uneasy for two days; at night, feverish and restless. Eruption appeared on the face last night, and on the body and extremities this morning; she had a very bad night, and was threatened with convulsions; and there are still very bad twitchings of the muscles, particularly of the right side. Eruption is dark coloured, scanty, and patchy. The mother tells me it has disappeared from places where she saw it. Skin is hot and dry; pulse very frequent, weak, and irregular. She is quite incoherent, and does not appear to know anyone or comprehend anything; breathing quick and irregular; eyes suffused and congested, and when she is roused, have a wild, startled look; glands of neck are swollen and apparently tender; swallows with freedom, and greedily, but the stomach rejects everything almost immediately. It is impossible to see the mouth or throat, she is so restless and uncontrollable.

“To have *ailanth. gland* 1x, gtt. ss every hour. A light poultice for the throat. Milk for diet.

“*Vespere*.—She has had seven doses of the ailanthus, is much calmer, and has slept a good deal at intervals, but is still stupid and unmanageable. Skin generally covered with eruption, which is bright and normal-looking; muscular twitchings abated; she swallows well, and desires drink greedily; vomiting has not occurred for several hours; bowels have moved three times; pulse is more marked, but still very frequent and feeble; expression still wild.

“Continue *ailanth.* 1x, gtt. ss every second hour.

“31st.—Passed a very restless night, and refused to take anything—medicine, milk, or water—until early this morning; pulse not so frequent, rather more vigorous, but still weak

and shaky; skin is moist, and eruption general and well coloured, but mixed with miliary points over the body; the nose bled a little this morning, supposed to have been caused by a knock during her extreme restlessness; she appears to be more conscious; the eyes more natural in expression; she is swallowing well, and took now a dose of the *ailanthus* and a little milk; twitching of muscles quite gone; no vomiting; bowels rather relaxed.

"Continue *ailanthus* every fourth hour. Milk as before.

"Sept. 2nd.—From this date improvement was continuous; the eruption gradually disappearing; the glandular swelling rapidly diminished; a discharge of blood and pus took place from the nose to-day, and some fissures were noticed around the angles of the mouth.

"She was ordered *merc. viv.* 3 twice daily, and in a few days was quite convalescent. Her complete recovery took place rapidly and completely."

During the year 1870, Cambridge was inundated with scarlatina, chiefly of a very malignant type. From several cases which had come under his care, the late Dr. Newton arrived at the conclusion that "*Ailanthus*, in a low dilution, is capable of antidoting the virulence of scarlatina maligna, when the poison acts on the nervous system."

One case narrated by Dr. Newton (*Monthly Homœopathic Review*, vol. xv, p. 207) is both striking and instructive. Summoned at 10 o'clock in the forenoon, he found his patient, a girl of 13 years of age, delirious and insensible, a state of things which had been inaugurated with violent greenish slimy vomiting. The pupils were widely dilated, and the pulse was small and quick, the skin of the face and forehead was of a dark mahogany colour, but the rest of the surface was free from all eruptions, except petechiæ on the back. The mother told me that the whole body was yesterday of a bright scarlet hue, and she was quite unable to account for the alarming change. A drop of *ailanthus* was ordered every two hours. After taking four such doses the stupor was removed, and the character of the rash totally changed, it was now a brilliant scarlet, and her recovery was satisfactory.

Five or six years prior to the appearance of the case reported by Dr. Wells, Dr. Allen, of New York, published the net results of a series of experiments upon himself and three friends in the *North American Journal of Homœopathy*, vol. vii, p. 385. In these all the symptoms characterising the case of Dr. Well's daughter were present,

and in addition tenderness and enlargement of the sub-maxillary and parotid glands, together with a series of pulmonary symptoms, to which I shall refer presently.

In *The Monthly Homœopathic Review*, vol. xxiv, p. 467, Mr. S. H. Blake gives very full details of a case of malignant scarlatina with glandular enlargement, in which ailanthus was strikingly useful. When visiting the boy, who was two years old, Mr. Blake found that a very scanty rash had appeared on the face and neck. This disappeared and the throat was enormously swollen, on the left side so much so that the line of the jaw seemed almost on the level with the neck, the swelling being continuous and uniform, as if the whole of that side of the neck were infiltrated. It was of a dusky, livid red colour, and when pressed on was doughy, and the skin was easily made to pucker over the swollen part. The great swelling pressing on the fauces, and the struggles of the child to get free, made it impossible to get a proper view of the pharynx; such as could be had revealed a greyish-white exudation about the left tonsil, but the shreds which came away on the handle of the spoon were pultaceous and soft. Two drops of ailanthus were added to three ounces of water, and a teaspoonful was given every two hours. Thirty hours later, and through a dark and rugged aperture formed by sloughing in the middle of the neck, copious yellow pus free from fœtor was discharged. A large slough separated in the course of five or six days, and recovery was rapid and complete.

So severe an illness, such a thorough condition of toxæmia in so young a child, is rarely if ever recovered from, and one can scarcely doubt that but for the medicine given this one would not have done so.

In another case to which Mr. Blake refers as having come under his care, after having been abandoned as hopeless by the medical attendant and two consulting physicians, he says, "The symptoms, which at once began to abate under ailanthus, were especially delirium, sleeplessness, refusal of food, enlarged cervical glands, and discharge from the ears." The patient, it should be added, when first seen by Mr. Blake, had been delirious for twenty-one days, and presented the usual array of typhoid symptoms superadded to those of scarlet fever.

It is thus in malignant scarlet fever that this medicine is especially useful, to which it is so strikingly homœopathic.

The characteristic symptoms of the cases of scarlatina in which it is indicated are the commencement of the fever with severe headache, rapidly followed by vomiting, delirium, unconsciousness, and convulsions; an imperfectly developed and soon suppressed dusky, livid and patchy eruption; the tonsillary swelling is somewhat considerable and livid in colour, and the glands of the neck may be enlarged. The tongue and lips are more or less livid; the pulse is rapid, weak, and thready; and there is often diarrhœa. In such cases as these half-drop doses of the 1st dec. may be prescribed with hope and confidence. Some have reported to me their want of success in prescribing it in scarlatina, but I have generally found on enquiry that the cases in which these medical men had given it were cases in which the symptoms did not indicate it; they were rather cases requiring stramonium or rhus, or even belladonna, than ailanthus. It is only of service in the class of cases I have described.

Further experiments (*Cyclopædia of Drug Pathogenesis*, vol. i) have shown that with the patchy, livid, miliary eruption there are conjunctival and nasal irritation, with cough, dyspnœa, and diarrhœa. These symptoms, taken in connection with the cerebral oppression, prostration, and feeble circulation, indicate ailanthus as a hopeful medicine in an epidemic of malignant measles, where the eruption is livid, scanty, and retrocedes suddenly.

It is also one of several medicines adapted to individual cases of the *genus* diphtheria. One prover notes "great accumulation of matter, part of which is easily expectorated, while a portion is with much difficulty detached in flakes." In cases of diphtheria where the false membrane is feebly organised, but the nervous prostration excessive, where the brunt of the disease is cerebral rather than faucial, and where there is some miliary eruption, ailanthus will be a useful medicine to trust to.

These experiments also show that ailanthus produces great mental depression, indifference to anything and everything, with sometimes great restlessness and anxiety, with considerable confusion and mental weakness. The experimenter is unable to concentrate his thoughts, and has to read a passage several times before he can comprehend it, even in an imperfect way. He will add up, for example, columns of figures, and does so with difficulty and often incorrectly. Memory is enfeebled. At the same time

we find him suffering from vertigo on moving, with nausea and retching—he walks straight with difficulty, and sees objects as if they were moving up and down. He has also a dull, heavy, pressure pain in the forehead, which indisposes him to or incapacitates him for mental labour. At the same time there is a marked feeling of tightness or constriction of the chest, with oppression and pain below the hypochondria; by some provers it is described as like a stricture below the ribs. Further, numbness is felt down the left side from the scapula to the hip, and pain in the region of the scapula preventing movement of the right arm is experienced. Numbness down the left arm to the fingers, which feel asleep, occurs in others. In other cases there is tingling, pricking feeling all down the left arm, and one prover describes an “electrical thrill” extending to the ends of the fingers. Similar symptoms are noted as occurring in the lower extremities. The limbs feel as though they were asleep, with numbness of the left leg and tingling, pricking pain in the foot and toes; a feeling of uneasiness and aching restlessness in the limbs, heaviness of the extremities, pain in the right foot prevents walking; a severe pain in the left foot, a kind of tension in walking. Finally, the sleep is disturbed and unrefreshing at night, while during the day there is marked heaviness and drowsiness increased by taking a glass of wine. All these symptoms reflect a condition of cerebral oppression. They correspond closely to the cerebral condition present in some fevers, especially those of a typhoid or malignant type; the hyperæmia with drowsiness, headache, and low delirium. In relieving this state *ailanthus* has been found useful.

They also resemble a cerebral congestion which appears to be the precursor of an apoplexy in feeble and organically diseased persons. As Dr. Dyce Brown in his essay on the drug says, “they point not so much to acute congestion, as to an oppressed brain, with a state of passive or venous, rather than active or arterial congestion, and they indicate *ailanthus* in the dull, heavy, confused state of brain which forewarns an apoplexy.” Mr. S. H. Blake records three cases of headache of this type in the *Monthly Homœopathic Review*, vol. xxv, p. 284. One of these patients was a man sixty years of age, who had suffered from a cerebral lesion for several years.

“At times he has had very severe headaches, localised and

associated with cerebral disease. With the paroxysms of headache there have also been neuralgic pains in various parts. At the time when these symptoms had passed away he suffered from a troublesome drowsiness throughout the day; notwithstanding that he slept well at night. There was also a dull, confused state of mind and marked mental depression at times. The drowsiness had lasted for several weeks, but *ailanthus* cured it in a week, making the head feel much better at the same time."

In another instance, a woman sixty-five years of age, also one where the health had been enfeebled by long continued cardiac degeneration and dilatation, Mr. Blake says:—

"She was also subject to cerebral congestion, with dull headache, general and occipital. This headache has been repeatedly relieved by a copious nose-bleed during the attack. On one occasion nose-bleeding occurred, and relieved the vertex headache to a considerable extent, but there was left afterwards a dull, stupified, and very drowsy state, continuing even during the day, with dull sub-occipital pain. *Ailanthus* 1st cent. cured this state of the head in twelve hours, giving great relief and making the head feel lighter and clearer, but it left the occipital pain, for which gelsemium was given with success."

It is in headaches of this type, depending upon passive hyperæmia arising from either a toxic degenerated condition of the blood, and not such as are due to brain fog, that *ailanthus* has proved an efficient remedy, and it is precisely to these kinds of congestive headache that it is homœopathic.

Probably, as Dr. Dyce Brown has also suggested, it will prove of service in some cases of cerebro-spinal meningitis. The peculiar cord-like tightness around the body to which it gives rise, the low type of fever it excites, and the miliary eruption it produces, all point to it as a medicine the pathogenesis of which ought to be studied in healing a disease of this kind.

In nearly all clinical illustrations of the action of *ailanthus* which have been recorded, it has been used in the first decimal or first centesimal dilution.

MONKTON, NEAR RAMSGATE.

Dec. 10th, 1903.

ON CONSERVATIVE OPERATION IN CASES OF FIBROID TUMOURS OF THE UTERUS, WITH TWO CASES.

By GEORGE BURFORD, M.B.

Physician for Diseases of Women to the London Homœopathic
Hospital.

Two consecutive cases of fibroid disease of the uterus, each requiring abdominal section, yet in each instance with the uterus preserved intact and the capacity for conception preserved, afford a convenient opportunity for adverting to modern methods, whereby this much desired issue can in fitting cases be attained. It is an enormous gain to the patient when no wholesale sacrifice of the uterine organ as well as its often immense overgrowth is necessary, but where nature has provided such a distribution of parts as will allow the abnormal to be taken and the normal to be left.

Any conservative methods of thus dealing with the uterus are strictly modern, and the first case we saw was in the great Vienna Gynecologic Clinic of Carl Braun, some fifteen years ago. The operation was prolonged and difficult, and the results not wholly satisfactory; for in the uterine bed whence the tumour mass was enucleated suppuration occurred, and the patient became extremely ill. The mode of procedure was Schroeder's operation.

Since that time various methods have been devised, all tending to the same end—the retention of the patient's faculty for conception, with the removal of the diseased parts. It is not always that this ideal method is practicable; it is not often, in fact, that it is safe; but in every case where fibroid tumours require removal, it should be remembered as a possible issue, and the patient instructed accordingly.

The ensuing cases were two differing forms of uterine myomatous disease, in each of which the conservative operation was successfully carried through.

CASE I.—Large myomatous mass burrowing into and enormously distending the left broad ligament; tumour enucleated; the uterine attachment sutured through abdominal section. Marked systemic shock; Transfusion; Recovery.

Especial interest attaches to the clinical history of this case, a single lady of —, in that the growth had in another country been diagnosed as pregnancy, much to the patient's distress; and that it had been watched for some time by

a Professor of Gynæcology of distinction. She was sent to us for examination by a respected colleague, the diagnosis made, and operation advised, as the mass according to account was increasing in size, as well as inordinately bulky.

At operation, it was verified as a great myomatous tumour, enveloped by the hugely hypertrophied left broad ligament, the uterus being attached to the right periphery of the neoplasm. The whole mass was with very great difficulty enucleated from the left side of the pelvis, the broad attachment of the uterus to the mass ligatured off, and the somewhat enlarged organ returned to its proper site. Not the least of various complications was the close and intimate incorporation of the bladder surface with the intra-ligamentous growth. So fused were the surface of the bladder and the neoplasm that the viscus had to be divided in two places by inch and a half incisions, detachment otherwise being impossible. What was left after removal was a gaping chasm, large enough for the adult head. The bladder incisions were sutured, the free bleeding stopped by gauze packing, the edges of the emptied broad ligament sutured to the parietes, and the patient returned to bed. This prolonged, complicated, and sanguinary operation had left the patient in an almost pulseless condition, and intravenous transfusion to the extent of some five pints was forthwith resorted to. The patient immediately rallied, and no further collapse occurred.

The convalescence was continuous and satisfactory. In six weeks the whole cavity had healed, and the patient had regained health and strength sufficient to enable her to travel by sea. Apart from the urgent need for the removal of a mass thus localised, not the least satisfactory issue of the operation was the retention of the uterus in a practically normal condition.

CASE II.—*Large fibroid tumour of the uterus growing from the fundus uteri by a thick pedicle; tumour removed, uterine bed sutured, and this organ returned in situ; recovery.*

This patient also was a single woman, 38 years of age. She had noticed an abdominal swelling for some four years, and the continuous increase of this, rather than any menorrhagia, constituted the necessity for removal. She was sent to us for operation by a skilled physician, with especial experience in gynæcological cases.

In this case, though the apex beat was displaced somewhat upward and outward, no abnormal sounds were heard, and no cardiac difficulties supervened at any time.

Abdominal section disclosed a large sub-peritoneal fibroid mass, connected with the uterus by a thick fleshy pedicle. This latter was surrounded by a temporary ligature, the neoplasm removed, the raw uterine surface brought together by continuous suturing, and the linear incision thus constituted brought into line with the incision in the parietal peritoneum, and fixed thereto. Any possible oozing from the uterine wound would thus find its way externally through the parietal incision, and not into the peritoneal cavity. No shock ensued, and the convalescence was unbroken. The highest temperature at any time recorded was 99.4° , and this only on one occasion. For the crucial week following operation the average temperature was practically normal.

The patient left hospital about a month after operation in a very satisfactory state of health, and in an equally satisfactory state of mind, in that the uterus and the right ovary were still normal parts of her internal economy.

A PETROLEUM CASE.

By W. GRANTHAM-HILL, M.D.

Miss A., aged 17, consulted me for the following symptoms, July, 1902. For two years she had been troubled with "looseness of the bowels"; the bowels being opened four or five times daily. In consequence she had had to refuse all social invitations.

The stools are described as pappy and frequently slimy, no blood, at times jelly-like, painless; but a more or less uncomfortable sensation in the lower abdomen between the movements of the bowels. The first movement of the bowels usually occurs at 11 a.m. and directly after the mid-day meal, and usually about once or twice during the afternoon. The diarrhoea *never occurs after 6 p.m.*, and she has never been disturbed at night from that cause. The bowel trouble is always much worse at the menstrual period. She also suffers from a chronic catarrh of the

nose; thick, yellow, bland discharge. A more or less constant, dry, deep-sounding cough, worse at night. Inclined to perspire at night with no relief.

The patient, a blonde, was fairly well nourished. An examination of the lungs gave negative results. Mercurius sol. 12x and calc. carb. 12 later, relieved the symptoms slightly.

Petroleum 3x t.d.s. was then prescribed, mainly on the peculiar symptom "*diarrhœa in the day-time only*," and on its antipsoric properties.

A month later patient reported freedom from diarrhœa for the first two weeks, but at the onset of monthly period the former condition returned. *Petroleum* 30 t.d.s. failed to alter the state of affairs.

September 4.—*Petroleum* (crude) ℥i. t.d.s.

November 1st.—Patient reported that diarrhœa ceased on the second day after commencing the medicine and there has been no further return of the complaint. She can now eat fruit and other articles of diet which were formerly "forbidden fruit," with impunity. There has been no tendency at the monthly period for the trouble to return. Nasal catarrh and cough also much better.

CHISWICK, Dec.

ENERGY IN ITS RELATION TO DRUGS AND DRUG-ACTION.¹

By PERCY WILDE, M.D.

Honorary Physician, Lansdown Hospital, Bath.

In reference to the following paper Dr. Percy Wilde writes as follows:—

DEAR SIRS,—The following article was intended as a reply to both my American and British critics, but as it appeared in the *Hahnemannian Monthly* it contained so many printer's errors, as to render it unintelligible. Having regard to the enormous importance of the facts elicited by these experiments to the Homœopathic school, and the answer they afford to those whose ignorance of physics leads them to regard weight as a measure of energy and sneer at what they suppose to be infinitesimal doses, I venture to hope you will publish this revised version

¹ Reprinted from *The Hahnemannian Monthly*, December.

of the article. I may say that none of the physicists to whom I have submitted these experiments question the inference to be drawn from them.

Yours, etc.,

PERCY WILDE.

In a paper bearing the above title, I showed some experiments relating to the physics of trituration, but the time at my disposal was too limited to make it possible for me to consider all the conclusions to be drawn from them, much less to enter upon the full consideration of a branch of science, which remains to be investigated. Perhaps, for this reason, the discussions which have taken place in reference to the paper have sometimes served to confuse, rather than to elucidate, the subject.

It may be well, therefore, to state briefly the elementary facts which form the basis of any study of the relation of energy to drugs.

(1.) We have the general physical law that all matter represents energy. That this energy can only be set free by some force capable of breaking up matter into its ultimate particles or atoms.

(2.) That no form of matter can become a source of energy to the body (*i.e.*, food) without it has been exposed to forces either outside or inside the body, which will set free its atoms and permit them to enter into new combinations.

(3.) The chemical constitution of any matter is not an index of its power to act as a source of energy. Thus, starch and sawdust have the same chemical composition. Sawdust is not a food, because the energy of the body is incapable of overcoming the cohesion of its atoms.

(4.) The value of any form of matter as a source of vital energy depends not upon the energy it contains, but the amount of energy required to liberate it.

(5.) Solution is the *first stage* through which solids must pass before they can be used as sources of vital energy; but it must be remembered that the act of solution does not imply that the matter so dissolved is in a physical state which enables it to act as a source of energy—*i.e.*, simple solution does not render a body chemically active.

It follows from these propositions that we can gain much information in respect to the relation of energy to drugs by the study of the forces required to effect their solution.

Thus, indigo is soluble in strong sulphuric acid, because this acid contains sufficient energy to overcome the cohesion of its particles. Energy plus affinity would be more accurate.

Indigo is insoluble in spirit and water, because neither of these has sufficient energy to overcome the cohesion of its particles.

The question is purely physical, and by physical means it is possible to so alter the state of the indigo as to render it capable of solution in spirit.

I demonstrated this by triturating indigo with powdered glass, which for the purpose of these experiments may be regarded as an insoluble substance (no substance is really insoluble). I failed to obtain a solution from triturates of $\frac{1}{100}$, $\frac{1}{1000}$ and $\frac{1}{10000}$. It was not until I reached the triturate of $\frac{1}{100000}$ that solution became possible.

This triturate contained only an infinitesimal quantity of indigo, and to make sure that I had obtained my solution, and demonstrate this to an audience, it was, of course, necessary to use a large bulk of the triturate (4 ounces); and as this required to be boiled for some time to overcome the cohesion of the indigo to the glass, I used 12 ounces of spirit, a large quantity of which was lost by evaporation during the process of boiling. This gave a brilliant emerald-green solution.

Dr. Wesselhoeft repeated the experiment by adding 20 grains of the $\frac{1}{100000}$ triturate to $\frac{1}{2}$ ounce of alcohol and boiling for four minutes. He found it impossible to get the emerald-green colour, "though repeating the experiment several times."

If he had calculated how much colouring matter there was in 20 grains of a $\frac{1}{100000}$ trituration, the absence of visible colour would not have surprised him.

It will be observed that in this experiment it required 100,000 particles of glass to each particle of indigo to render it soluble, and that these particles had entered into cohesion with the glass, so that it required heat to separate them.

The trituration was not, therefore, a mere mechanical mixture, but a definite, organic body, in which the attraction of one particle of indigo to another had been overcome by the attraction of the particle of glass. This is a simple illustration of potential energy, and means that some part of the energy used in trituration, instead of

being dissipated in the form of heat, remains as an integral factor in the trituration.

It was in order to further elucidate these facts that I performed my experiments with aniline violet. This is soluble in water, and it is obvious that if it is triturated with glass, and then put into water, the aniline will dissolve out *if* it is simply a mechanical mixture, while if the particles of aniline enter into definite cohesion with the glass, and the attraction of the glass is stronger than the solvent power of water, then the aniline will remain insoluble. I should never have had the courage to attempt this series of experiments unless I felt sure that triturations were something more than mechanical mixtures. I found that triturations (with glass) of $\frac{1}{100}$, $\frac{1}{200}$, $\frac{1}{500}$, $\frac{1}{1000}$, yielded up some proportion of aniline to the water and coloured it, but that a trituration of $\frac{1}{10000}$ remained as a violet sediment at the bottom of the bottle and yielded up none of its colour. This experiment was made six months before I read my paper, and the bottle is before me now, having undergone no change during this period.

The inference to be drawn from these experiments is very clear. It required 10,000 parts of glass to make a *complete* trituration of 1 part of aniline. The triturations of $\frac{1}{100}$, $\frac{1}{500}$, and $\frac{1}{1000}$ were not *complete*. They contained free particles of aniline not broken down, just as there were free particles of gold and iron filings in Dr. Wesselhoeft's trituration, even when carried to the third trituration. By no amount of extra grinding is it possible to get rid of these free particles.

If I had stopped here I might have shared the conclusions of Dr. Wesselhoeft: "Mortar-grinding (he tells us) is able to reduce only a moderate proportion of the substance to be ground to its finest particles, having a definite limit, but that a not inconsiderable proportion is still unreduced after the third trituration or after any amount of grinding."

But I do not think I should have been satisfied with the fact without trying to find some reasonable explanation. By what physical law does it happen that one particle is completely triturated and the other not, in spite of any amount of grinding? There must be a reason for this, and it discloses itself by continuing the experiment. *Complete trituration depends upon the bulk*

of the triturant, not upon the amount of friction. Thus we must have 10,000 parts of glass to 1 part of aniline to make a complete trituration. We must have not less than 100,000 parts of glass to make a complete trituration of indigo. How many parts shall we want to make a complete trituration of such highly resisting bodies as gold or iron filings?

Dr. Wesselhoeft tells us that he finds particles of gold visible at the third trituration, after any amount of grinding. My experiments do not lead me to doubt his statement; they only enable me to offer an explanation. In the trituration of such substances as gold, which have a very high resistance, the third centesimal potency does not give a sufficient *bulk* of triturant. There is no difficulty in understanding this, if we remember what an enormous volume of water it would require to dissolve a single grain of gold; and yet the factors concerned in "solution" and "complete trituration" are practically identical.

Whether we are dealing with a molecule of water or a particle of glass, its power of attracting and holding a particle of matter in resistance to other attractions is limited. In the aniline experiment, the capacity of the particle of glass to hold aniline was limited to $\frac{1}{10000}$ part of its own weight.

When once it is grasped that a complete trituration is only possible by the use of an enormous bulk of triturant, that when the insoluble substance has been made soluble by this means, it may still require an enormous amount of dilution before it is in a physical condition to form combinations with the tissues of the body, the clinical experience of the homœopathic school with such remedies as calc. carb., silica and carb. veg. will no longer excite surprise.

When the physical laws of trituration and solution have been fully investigated, we shall realize that Hahnemann was not only a century ahead of modern physicists, but more than that in regard to many of his own followers.

ARUM TRIPHYLLUM.*

By J. C. FAHNESTOCK, M.D., PIQUA, OHIO.

Indian Turnip. (Jack-in-the-Pulpit.)

THIS plant is found growing in the woods in rich soil, generally along some old, decaying logs. The root or turnip is an inch or two in diameter, and has brown, wrinkled skin, and when cut in two presents a white, solid flesh. The fresh plant has a peculiar odour, unlike any other plant, and a violent, acrid taste. This acrid principle is very easily destroyed by heat, and is also lost by being dried. The Indians, taking advantage of this fact, roast and eat the root.

You know that some of the ladies, in fact, a great many of them, are very fond of soldiers and foreigners, but the boys have a great liking for anything that is Indian. Full well do you remember when you were a boy, that just to play a joke on some other boy (perhaps a city boy), you enticed him to take a bite of this delicious Indian food—just to see him spit and spit, and you can imagine the balance. Whew! that burning, biting, prickling, tingling, painful sensation in the mouth, lips, tongue and throat, and thence to the nose. These sensations were “awful,” and kept the young prover busy trying to get rid of this poison. He washed his mouth, used his handkerchief, or attempted to scrape his tongue with his fingers, but all to no avail.

I am sorry to know that an exhaustive proving has never been made of this valuable remedy. Drs. Lippe, Jeanes, and Gramm made provings, using the 3d, 10th, and 30th dilutions. So far as I can learn, only one lady has ever attempted to make a proving. (What a field of labour open for the ladies.) In reviewing these provings, it is noted that arum is an irritant poison, causing inflammation of the mucous membranes, infiltration and destruction of the tissues, associated with it a low grade of fever. There is general exhaustion, depression of spirits, and irritability. There was noticed a chill and headache, a “severe headache, as if the head and breast were obstructed and full of mucus, but without expectoration.” Quivering of the upper eyelid was marked. Tension about the eyes, as if swollen, with lachrymation, the entire day,

* Reprinted from the “*Medical Century*,” March, 1903.

and a peculiar feature was that the water was noticed to be much more in the outer corners. The nose was greatly obstructed, must breathe through the mouth. Watery discharges from the nose, the tissues infiltrated and swollen, and breathing obstructed ; worse in the mornings. This acrid discharge makes the nostrils and upper lip sore and swollen. The nose, lips, and face feel chapped, and the sensation is described as from exposure to cold wind. The discharge at first is thin, watery, and acrid ; later it is thicker, and may be streaked with blood and hardened mucus ; lastly, it may become thick and yellow.

In acute troubles, when the above conditions are found, the child will insist on picking the nose, lips, corner of mouth, or fingers, until they bleed. The child, with trembling hands, insists on picking the inner side of the alæ of the nose, or picks the bleeding lips. Picks the ends of the fingers until they bleed. I have seen children so troubled that their nurses would put on mitts to keep the child from this picking, but the child would cry and work away at the mitts until they were removed, and straight-way the trembling little hands would go directly to the sore, bleeding lips, and begin picking again.

In scarlet fever, diphtheria, or typhoid fever arum may be indicated (symptoms agreeing). In scarlet fever, where there is sore throat, enlargement of the salivary and sub-maxillary glands. These swellings about the throat are very hard, and the child will not allow them to be touched, as they are so sore and sensitive. The papillæ on the tongue are elevated, red, and sensitive, the "strawberry tongue." Saliva acrid, tongue swollen, with putrid odour from the mouth.

The acrid discharges cause soreness of corners of mouth and nose ; these raw surfaces are very red, and the child constantly picks the bleeding corners and the lips, and the fingers are covered with bright red blood from picking these places. When an attempt is made to stop this picking, the child becomes irritable and yells, and goes to work again at the same old stand.

The remedy also has the red eruption, and during the course may desquamate several times. The urine is dark in colour, scanty, or entirely suppressed. The first indication of the action of arum in these cases is the increase of the urine.

The same general symptoms are noticed in diphtheria

and typhoid fever. The acrid discharges, causing rawness in throat and mouth, and wherever these acrid discharges touch they cause rawness, and with this rawness stinging, burning, and biting.

In diphtheria the breath is very foul, saliva acrid, may be bloody; ulcers and patches are usually worse on the left side, but the entire buccal cavity may be covered with diphtheritic membranes. I have noticed in some cases where the tonsils are covered with membranes, and with it apthous patches covering the mouth and tongue.

In typhoid fever we find the same acrid discharge, picking at lips, corner of mouth, or alæ of nose. The raw surface is always bright—bright blood oozing from the raw, picked surface. There may be the yellow corn meal, mush-like stools, or the thin, watery, acrid, dark brown stools. These acrid discharges, like the action of the acrid discharges of the nose or mouth, make the parts with which they come in contact raw and very red, and with it burning, stinging, and biting pains. If the discharge strikes the groins ("where the legs are sewed on") these parts become raw and then secrete acrid moisture. A rawness and redness may be noticed over the coccyx in the fissure between the nates, with the same acrid moisture. There is only one place of which I know where the discharge is not acrid, and that is in the eyes.

Just recently I arrested a trouble for a lady who complained of soreness in the nose and a watery discharge from the eyes; worse in the outer corners and worse in the mornings.

This discharge never makes the cheeks sore, as in other remedies.

This paper is already too long, but I cannot refrain from telling you of several more troubles in which arum is valuable. Speakers' sore throat, hoarseness and rawness of the throat when the voice is used more than usual—at times the voice becoming very uncertain, changing when least expected, an uncontrollable change, may be high, then hoarse and low, or a mere whisper. The vocal cords do not act in certain pitches or tones owing to the inflammatory condition of the music box.

Soreness in the lung was noted, with burning in the large bronchi. If you will carefully study all the symptoms given in the provings, it will be noted that the discharges are all acrid (excepting the eyes and possibly from

the lungs). Taking this fact into consideration, I once cured a very severe case of leucorrhœa with the acrid bloody discharge as a guide. It seems to be also one of the left-sided remedies, worse in left nostril, left side of face, left sub-maxillary gland, left arm, left lung. All troubles worse in the morning.

I am aware that this is the old, old story, but is so wonderfully true that each time you rightly use it, it seems new.

Now don't use arum when ailanthus, allium, natrum arsenicosum, cantharis, graphites, antimonium crudum, kali bichromicum, or rhus should be used.

Dont's are many, but don't use arum when the child bores the nose and goes up to green avenue, as in cina. Don't prescribe any remedy until you diagnose the strait of the indicated remedy.

Apropos of Arum, we have pleasure in reprinting from the *Homœopathic Recorder* of November the following very interesting article over the well-known signature "S.A.J." It is entitled "Arum Triphyllum and other Araceæ":—

"In my own experience the most fruitful study of a remedy has been that made directly after I had accomplished a notable cure with it. On these occasions (which come to all of us), and while the flush of victory is tingling in our veins, I verily believe that the memory is more alert and retentive, and I do know that then one enters upon the special research with a keener zest and an untiring zeal.

The information then acquired is the more firmly fastened in the memory, as if some magical mordant had 'fixed' it indelibly in the mind.

I believe also that the student will find it the better plan to not merely *read* the testimony of other observers, but to take his own notes as well, *writing deliberately* the salient features. By this process he will soon find how much firmer writing fastens a fact in the memory than even the most thoughtful perusal does, and certain it is that (as is the rule with every other function) the memory is strengthened by exercise. Earnestly, then, do I say to the young physician: 'Burn the midnight oil,' and of a truth you shall have your recompense.'

In the lectures of him that was Richard Hughes—the most delightful reading for doctor's spare half-hour—it is written: 'The one interesting point about *arum* is the application which has been made of its local effects on the mouth to a

corresponding condition when occurring in malignant scarlatina' (*Pharmacodynamics*, Lecture XVII).

It is in no carping spirit that one objects to the limitations implied in 'the one interesting point, its local effects in malignant scarlatina.' Each of these statements involves a *petitio principii*, for *arum triphyllum* (the remedy treated of) presents the similimum of more than 'one interesting point'; and it is an error to ascribe its 'deep-reaching action to 'its local effects'; and to curtail its applications (as is done by implication) to a 'corresponding condition when occurring in malignant scarlatina' is misleading. I believe that the reader will find that these objections are sustained by the facts.

The genus *araceæ* is noted for possessing an acrid volatile principle, which gives its species a place among the most potent acrid poisons in the respective regions producing them. Christison says, *arum maculatum* is one of the most acrid vegetables inhabiting Great Britain, and that the *A. sanguineum* of the West Indies is so active that 2 drachms of the juice has been known to prove fatal in a few hours. Evidently, so lethal a quality implies far more than 'local effects.'

There is no record of profound poisoning by *A. triphyllum*, but Orfila has noted that when the fresh root of *A. maculatum* was given to dogs, they died in from twenty-four to thirty-six hours, 'without any other symptoms than dejection, and the digestive canal was found somewhat inflamed.'

Bulliard relates that three children ate of the leaves of *A. maculatum*. 'They were seized with violent convulsions. All assistance was unavailing, as they could not be made to swallow anything. The tongue became so swollen that deglutition was difficult and painful. One died at the end of twelve and another of sixteen days. The third, after suffering from diarrhœa, recovered. Its tongue was greatly swollen.'

Christison also states, 'I have known acute burning pain of the mouth and the throat, pain in the stomach, vomiting, colic, and some diarrhœa from eating two leaves.'

Reinsch relates that he had eaten powder of *arum* root which, though not acrid to the taste, produced severe burning of the throat soon after it was swallowed.

In order to rid himself of a tapeworm, a man of 43 chewed and swallowed the stalk of a leaf of *A. maculatum*. Immediately he felt a burning-hot pricking sensation in the tongue, throat, and œsophagus, and intense pain at the epigastrium. His tongue became immensely swollen and saliva flowed profusely from his mouth. In about a minute he vomited and ejected the stalk. This eased him, but the burning-hot pricking sensation and the swelling of the tongue continued for a day or so.

Chewing a stalk has also produced a *very intense pricking, stinging pain in the tongue and mucous membrane of the lips and throat, accompanied by a flux of saliva* that seemed to somewhat *relieve the pain*.

Another of these stalk-chewers had in addition to the pricking, stinging pain, *constriction and burning in the pharynx* and a *swollen tongue, the papillæ of which were injected and raised*. The *mucous membrane of the lips and throat appeared as if inflamed*, and the *pains in the tongue and lips were increased by pressure with the lips*.

The non-lethal poisonings appear to denote the action of a powerful local irritant. The convulsions in the lethal instances are in all likelihood reflex phenomena from gastric irritation—not unusual with children; but the deaths after twelve and sixteen days reveal deep-reaching and long-continued constitutional effects that mere local action does not suffice to explain. There are consequences of the poisonings which the vaso-motor and sensory nerve phenomena are not sufficient to explain; besides excitation of function there are evidences of organic change in the blood *probably*—in the se- and excretions positively. The resemblance to a cachexy, in which *arum* displays its power, is denoted by the known clinical applications of *A. triphyllum*; and we shall find that the empirical use of the araceæ has led to the recognition of the value of *arum* in cachectic conditions.

Three and one-quarter centuries ago the following ‘*vertues*’ were ascribed to *Arum dracontium* and *A. maculatum*:

‘These herbes, but especially their rootes and fruit, are hoate and drye in the third degree.

‘The rootes eyther boiled or rosted and mingled with hony and afterward licked is good for them that *cannot fetch their breath*, and for those that are vexed with dangerous Coughs and Catarrhes—that is to say, the distillation and falling downe of humours from the brayne to the breast; and agaynst *convulsions* or Crampes, for they divide, ripe [en], and consume all grosse and tough humours, and they scoure and clense all inwarde partes. They have the like power whan they are three or foure times boiled until they have lost their acrimonye or sharpnesse, then to be eaten in meates, as Galen saith. [According to Dioscorides the bulbs were eaten as a pot-herb.]

‘The same dried and mingled with hony scoureth malignant and fretting ulcers that are harde to cure, especially if it be mingled with the roote of Brionye; and it taketh away all white spottes and scurvinesse from any parte of the body that is rubbed therewithal.

‘The juyce of the roote putteth away all webbes and spots

from the eyes, and it is good to be put into Collyres and Medicines that are made for the eyes.

'The same dropped in the eares with oyle taketh away the paine and greefe of the same.

'The fruit of Dragons [*Dracontium*] cureth virulent and malignant ulcers and consumeth and eateth away the superfluous flesh (called Polypus) that groweth in the Nose; and it is good to be layde to Cankers and such like fretting and consuming ulcers.

'The freshe and greene leaves are good to be layde unto freshe and greene woundes, but they are not profitable whan they be dried.'

Half a century later 'the long experience and industry of William Langham, Practitioner in Physicke' enlarged this list. He says 'the vertue is in the seed, root and leaves. Applied with the dung of Oxen or Kine, it helpeth the gout in the feet. The hearbe is good to cleanse the breast. The juice in a pessary provoketh the terms. For the Emerods [hæmorrhoids] and Figge in the fundament [sycotic growths] boyle it with Mulline [*Verbascum thapsus*] and use it [topically]. For old apostumes, stamp the hearbe with old swines grease and apply it hot. For the scrophules [enlarged glands], stamp the hearbe with *Squilla* and old Bores grease and apply it. Take one dramme of the powder with two drammes of sugar for the hicket, or yexing [hiccough]; to cleanse the lungs; to purge the stomach of flegme and melancholie. The root either stamped or drie doth mightilie purge women after their childbirth. It doth the like unto cattell. The juice of the distilled water also helpeth the swelling of the cods [testes], being drunke two or three ounces at once with a little vinegar.' He says elsewhere, 'Put a little vinegar with it and it will not blister the tongue.' [Hence the large quantity that could be taken as a dose for the suffering 'cods.']

'There is no better medicine for the plague sore and Carbuncles than the fresh leaves stamped and applied; and the same either greene or dry doth help old and rotten sores of the feet. The water and juire healeth all manner of sores. The leaves and roots sodden in wine or oyle and used in insessions [hip baths], heal-eth the Figs of the fundament and the falling down of the same [procidencia ani]. Stampe half a pound of sodden or rosted roots and seethe them with half a pound of hony and use it to help them that cannot draw their breath. *Seethe it with Rose leaves, oyle and wine and Cummin, and apply it to heale the *swellings of the tongue and eares*. For *Kirnels*, or Kings Evil, stampe it with Bores grease and apply it.'

While we smile at the artless simplicity and simple trust-

fulness of these old physicians, still there is more than many of us imagine in their testimony to these empirical 'vertues.' To me, at least, these ancient records throw light upon our latter-day provings, and substantiate, in a degree, symptoms that closet-critics call into question.

(In a subsequent paper we shall follow the history of arum through the 18th and the 19th centuries, but before leaving it here, let us record a bit of deviltry communicated by a grave herbarist, who retired from active business some two centuries ago. 'The fresh Roots cut small and mixed with a sallet [salad], will excite excellent sport with a sawcy sharking guest, and drive him away from his over-much boldness; and so will the Powder of the dry root, strewed upon any dainty bit that is given him to eat; for, either way, within a while after the taking it, it will so burn and prick his mouth and throat that he shall not be able to eat any more or scarce speak for pain.'

By that token we see that human nature is as constant in its habits as drugs are in theirs, for who has not met the 'sawcy sharking guest' and his 'over-much boldness?'

But what a dry joker this 'William Cobes, Herbarist' must have been; he has his dose ready for the saucy social shark, and yet he calls his book 'Adam in Eden, or Nature's Paradise,' as if Adam had guests!)

September 28th.

S.A.J."

REVIEWS.

Constitutional Therapeutics. By A. W. WOODWARD, M.D.

For twenty-five years teacher of Materia Medica and Clinical Therapeutics in the Chicago Homœopathic Medical College, Chicago. Philadelphia: Boericke & Tafel, 1903.

THAT the majority, if not all so-called local diseases, and specially the chronic ones, are not purely local, but are the result of some constitutional defect or dyscrasia, is a doctrine which, since the profound teaching of Hahnemann, has been almost the exclusive property of homœopaths. At least it has been very scantily recognized by the old school, though now there are evidences that their eyes are being to a certain extent opened to the truth and importance of this doctrine. And when one considers that no disorder, so-called local, can arise without some state of the system which is not normal, and which predisposes to the disorder, the importance of this view, where treatment is in question, is evident. It is on this ground that we find such an individual variety in the details of cases which can be classed together as cases of a disease which is known by a general name. In chronic

cases the constitutional cause is often fairly easy to ascertain, but in acute, or sub-acute diseases, it is more difficult, and at times impossible. Here is the weak point of such a work as Dr. Woodward's, which is a really thoughtful and interesting one. He, in arguing his point, seems to forget that in many cases the constitutional defect is not by any means evident, and that when it is not evident or ascertainable, one has to guess or theorize on it, which is always a **misleading course to pursue**. Dr. Woodward inclines to suppose that the selection of the remedy according to the totality of the symptoms is misleading, unless we can recognize the constitutional cause of the symptoms. In this we cannot follow him. The totality of the symptoms when no constitutional dyscrasia is ascertainable, is the only picture of the disease we have, the only means by which we can diagnose the case, and the only reliable guide for the selection of the remedy. The remedy, if it covers the totality of the symptoms, must be the right one, and will certainly remove all abnormal symptoms and so cure the case. If after it is cured, we discover any evidence of dyscrasia remaining, the special constitutional treatment will come in well. Dr. Woodward lays stress, and justly, on the noting of the sequence of pathogenetic symptoms of a drug as corresponding with the similar sequence of symptoms in cases of disease.

The latter and larger portion of the book is taken up with a presentment of a large number of drugs. In this he takes the rather unusual course of quoting in full from the *Cyclopedia of Drug Pathogenesis* and other records cases of poisoning and other records of pathogenetic provings, followed by recorded cases showing the therapeutical action of these drugs, in order to show their correspondence, and the sequence of the symptoms. They are valuable records, and interesting to study, but it is not a form of drug-presentment which we fancy will appeal to the majority of busy readers. Still they form a valuable collection of facts on which it is well worth bestowing time and careful reading.

The book is, as we have already said, thoughtful, interesting, and instructive, and, as the outcome of a long experience, very acceptable as a contribution to the higher therapeutics.

Diseases of the Urinary Organs, including Diabetes Mellitus and Insipidus. By CLIFFORD MITCHELL, A.B., M.D., Professor of Renal Diseases in the Chicago Homœopathic Medical College, Urologist to the Chicago Laboratory for Clinical Diagnosis. Philadelphia: Böericke and Tafel, 1903.

THE dedication of this book is as follows: "To the general practitioner, who in these days has need to be a 'specialist

in everything,' this book is respectfully dedicated." Why a work of 700 pages on a special subject should be thus dedicated we are at a loss to see. It reminds us of an advertisement of a well-known soap which is said to be "For the people." Nor do we see why a treatise on the urinary organs, should include diabetes mellitus and insipidus. When the general practitioner wants to have his memory or his knowledge freshened up, he usually, we think, looks up a concise manual where he can find what he wants in a few minutes, and we doubt if he will resort to a book of this size for the purpose.

The general account of the pathology, etc. of the various diseases, is very good and useful for any one who wishes to study urinary diseases in general, and the illustrations are good, but when we come to the treatment, it is hardly what we expected in a homœopathic work. In the preface Dr. Mitchell says: "In outlining a course of medical treatment effort has been made to be as broad as possible, and to include almost everything recommended by earnest and reliable workers in the field of internal medicine." This "effort" is visible all through the book, and accounts for much that we are rather surprised to find incorporated in a work by a Professor in a Homœopathic College, while the actual homœopathic therapeutics are not in our view likely to be of much help to the "general practitioner" who knows anything of his profession and of his materia medica. We forbear to go into detail in support of our remarks, for fear of extending our notice beyond the limits that this book seems to us to require.

The Physician's Diary and Case Book for 1904. Keene and Ashwell, Ltd., 74, New Bond Street.

WE have received the above for 1904, and we have again much pleasure in advising our readers to obtain a copy. There is a space for each day for short notes, and nearly 200 pages of blank paper, paged, at the end, for fuller notes of cases. It contains the usual calendar for the year and general information on postage, etc. It is a very useful adjunct to the consulting-room.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the Session 1903-4 of the British Homœopathic Society was held at the London Homœopathic Hospital on Thursday, December 3rd, at 8 o'clock. Dr. Herbert Nankivell, president, in the Chair.

NEW MEMBER:

Dr. Robert M. Le Hunte Cooper, of Stanley Gardens, Kensington Park, son of the late Dr. Robert T. Cooper, was elected a member of the Society.

SPECIMENS:

The following specimens were shown by Dr. Burford : (1) Uterine myoma removed by abdominal section, tumour showing degeneration ; (2) and (3) Uterine myomata removed by abdominal section, leaving the uterus intact ; (4) Extra-uterine gestation, with rupture of tube and extrusion of two months foetus into the abdominal cavity ; abdominal section. Recovery took place in all these cases.

CASES EXHIBITED.

Dr. Goldsbrough exhibited a case of locomotor ataxy of comparatively recent origin in a man of 45 years of age, in which the symptoms were typical with the addition of considerable mental depression, tremor, and hesitation in speech. The patient had improved in hospital under *ignatia*, *nux vom.* and *atropine* 12, the latter being specially indicated and helpful for burning in the soles of the feet at night, with pain and tightness in the legs. Walking exercises had also been taught, special attention being given to the length, breadth, frequency, and rhythm of the step.

Dr. Stonham exhibited a case of Bazin's disease in a girl, age 19, who also had suffered from tuberculous glands in the neck. On each leg were small indurated areas of bluish colour, slightly painful and tender, also several small ulcerations two or three lines in diameter in the centres of similar indurated nodules, and which had apparently been formed by a central necrosis. Health otherwise fair. *Tuberculinum* 30 had been administered once a week with benefit. Subsequently *kali bichrom.* internally and locally had been used. For an account of Bazin's disease see the *London Homœopathic Hospital Reports*, vol. iv.

EXHIBITION OF WAGNER STATIC MACHINE.

Dr. Ashton, in conjunction with Messrs. Smith & Wade, exhibited a large American static electric machine, termed the Wagner, and demonstrated its use in the treatment of headache, mental, or other nervous depression. The machine was driven by a quarter H. P. motor, the current being supplied from the main. It could also be used for X-ray work.

RÖNTGEN RAY THERAPEUTICS.

A paper was read by Dr. A. H. Croucher, of Eastbourne,

entitled, "Röntgen Ray Therapeutics in general practice, with some description of technique, with cases." The title sufficiently explains the scope and contents of the paper, which was illustrated by diagrams. The cases treated by Dr. Croucher included rodent ulcer, tuberculous tumour of the breast, warty tumour of breast, tuberculous glands of neck, epitheloma of lip, recurrent carcinoma of breast (unrelieved), ulcerated cleft palate (unrelieved), tubercular ulceration of leg, neuralgia in cicatrix of breast. With the exceptions indicated all the patients either recovered or were much improved.

Owing to the lateness of the hour the paper was not discussed, but a hearty vote of thanks was passed to Dr. Croucher for his contribution to the proceedings of the evening.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS.

THE Congress will be held this year in London, under the Presidency of Dr. Burford. It was arranged by the Joint Councils of the Congress and of the British Homœopathic Society that the 29th and 30th of June should be devoted to the annual meetings of the Society, and that the 1st of July should be the day of the Congress meeting. Full particulars will be announced in due time.

BRITISH HOMŒOPATHIC ASSOCIATION.

Syllabus of Educational Work under the auspices of the British Homœopathic Association, from January to July, 1904, in conjunction with the Medical Staff of the London Homœopathic Hospital.

WINTER SESSION. JANUARY—MARCH, 1904.

I.—PROFESSIONAL LECTURES.

Materia Medica.

A Course of Lectures on *Materia Medica* will be given in the rooms of the British Homœopathic Association, 233A, Regent Street, W., on Mondays and Thursdays in January, February and March, 1904.

Dr. J. H. CLARKE and Dr. T. G. STONHAM are the appointed Lecturers. The Lectures will commence at 5 o'clock p.m.

Each Lecture will consist in part of an exposition of the nature and range of action of a drug, and in part of further elucidation on points of detail as invited by those present.

Homœopathic Therapeutics.

A Course of Lectures on Homœopathic Therapeutics will be given in the Board Room of the London Homœopathic Hospital on Tuesdays and Fridays during the months of January, February and March, 1904.

Dr. D. DYCE BROWN and Dr. J. GALLEY BLACKLEY are the appointed Lecturers. The Lectures will commence at 5 o'clock p.m.

These Lectures, beside being expositions of Homœopathic Therapeutics, will be planned so as to afford opportunity for personal conference between Lecturer and auditory on practical matters connected with the subject of the Lecture.

Secretary of the Lecture Sub-Committee, BYRES MOIR, M.D.

II.—TUTORIAL WORK.

Dr. T. G. STONHAM has been appointed Medical Tutor at the London Homœopathic Hospital, for the purpose of imparting to each Professional Student of Homœopathy a detailed and thorough clinical knowledge of the Homœopathic treatment of disease. Dr. Stonham attends at the Hospital three days weekly, and any inquiries as to this Course may be addressed to the Medical Tutor direct, at the Hospital.

III.—SPECIAL "WEDNESDAY" LECTURES.

These will be given by specially appointed Homœopathic Physicians, dealing with particular topics or problems in the Science and Art of Homœopathy.

The Lectures will be delivered on each Wednesday evening (excepting the first Wednesday in each month), during the months of January, February and March, 1904, in the Board Room of the London Homœopathic Hospital, at 5.30 o'clock p.m.

The Lecturers and Lectures for January, February and March will be specially announced at the commencement of each month.

Homœopathic Physicians, and all qualified Medical Men and Medical Women, are invited to these Lectures.

IV.—A MISSIONARY COURSE.

A separate course of Training for Foreign Missionary Students and Missionaries, including: *Medical Subjects*,

Tropical Hygiene and Tropical Diseases, Surgical Subjects, First Aid to the Injured, Eye and Ear Diseases, Skin Diseases, etc., with a Special Course to Ladies on Nursing, Elementary Obstetrics, etc., The Diseases of Children, will be given at the London Homœopathic Hospital, on Mondays, Wednesdays, and Fridays, during the months of January, February, March, May, and June, 1904, by a Staff of specially appointed Lecturers.

The curriculum is designed to impart to Missionaries knowledge essential for the maintenance of their personal health, and to enable those who reside in regions where qualified medical aid is unobtainable, to deal intelligently with common ailments, whether arising amongst themselves or the natives.

A special Syllabus is issued giving fuller information and detail regarding this Course.

Secretary of the Sub-Committee for the "Missionary Course," E. A. NEATBY, M.D.

V.—PRIZE ESSAY.

Subject: "*On the best means for the Organization and Development of Homœopathic Professional Education in Great Britain.*"

The Executive Committee of the British Homœopathic Association hereby offer a Prize of Twenty Guineas for the best Essay on the above subject. The following are the instructions given by the Executive Committee for the information of intending essayists:—

(1.) The object of the prize is to obtain a clear account (a) Of the most desirable and practical methods of utilising the Homœopathic Clinical Institutions in Great Britain for instruction in Homœopathy; (b) Of the most desirable and practical methods whereby efficient systematic teaching in Homœopathic Materia Medica and Therapeutics can be conducted in Great Britain; (c) The most desirable methods for the effective testing of the acquirements of Professional Students in Homœopathic theory and practice.

(2.) The plan and detail of the essay must be so constructed as to include both a commencement of educational organisation at this time, as well as desirable developments in the future.

(3.) All essays sent in to be the property of the British Homœopathic Association.

(4.) Essayists must be residents in the British Empire.

(5.) Essays must be delivered to the Secretary of the British Homœopathic Association not later than March 31st, 1904,

and must be designated by a motto, and *not* the name of the essayist. The name and address of the essayist to be contained in a sealed envelope, on the outside of which the motto must be inscribed.

(6.) All essays must be typewritten.

VI.—THE PROVING OF DRUGS.

A Sub-Committee has been formed and arrangements are being made in order to recommence the essential work of Proving Drugs, both new and old. This work is considered as of vital importance to Homœopathy, and ranks high in the plan of operation of the Association. So soon as the arrangements have been concluded the details will be announced in the Journals.

The Secretary of the Sub-Committee will be glad to receive from colleagues any communications or suggestions relative to this most interesting and necessary work.

Secretary of Sub-Committee for Drug-Proving,

WASHINGTON EPFS, M.R.C.S., &c.

VII.—ORIGINAL RESEARCH.

Research-work for the investigation of problems connected with the Homœopathic practice of medicine is to be subsidised by the Association under specified conditions. Much and important work lies to hand in this department, and it is anticipated that, as the finance difficulty is removed, the stimulus to investigation among original workers will be immediate and considerable.

The Secretary of the Sub-Committee invites inquiries and applications concerning Research-work, and the conditions under which the Association is prepared to subsidise the workers.

Secretary of Sub-Committee for Research,

DUDLEY WRIGHT, F.R.C.S.

VIII.—WORKS ISSUED BY THE ASSOCIATION:

There will be prepared and issued, under the auspices of the Association, an entirely new and "up to date" handbook, setting forth the Homœopathic basis and tendencies of modern medical science. This handbook is being prepared by BYRES MOIR, M.D., and JAMES JOHNSTONE, F.R.C.S., and is intended for circulation mainly among the younger members of the profession.

Dr. DYCE BROWN's Congress paper on "Homœopathy

among the Allopaths," and since published in an amplified form in the *Monthly Homœopathic Review*, will be issued by the Association under the title "The Permeation of Modern Medicine by Homœopathy." Medical Practitioners will be supplied with copies free of charge on application to the Secretary.

SUMMER SESSION, 1904.

This Session will include the months of May, June, and July, 1904.

Besides such of the foregoing work as is continued over the Summer Session, the ensuing Special Courses will be held during these months.

I.—POST-GRADUATE MONTH.

During the month of May a series of Post-Graduate Courses will be given, on (1) Medical Subjects, (2) Surgical Subjects, (3) Gynæcology, (4) other Specialties.

These Courses will be so planned that professional men may take the Medical Course only, or the Surgical Course only, or follow the Demonstrations and Practical Work in any other single Course given, or attend the whole series of Courses.

The main object in this Post-Graduate Course is to convey and exemplify, by Lectures, Demonstrations, and Practical Work, the most modern and most reliable work in Diagnosis and Treatment. Thus, the Medical Course is planned to include, beside other subjects, the modern methods of blood examination; modern methods of examination of gastric secretion; modern methods in cardiac work, etc.; with especial bearing on the deductions for treatment to be drawn from them.

The Course will be conducted at the London Homœopathic Hospital, will occupy all the working hours of each academic day in each week in May, and will be divided into Sections of Subjects according to a time-table to be issued later.

Secretary of the Post-Graduate Sub Committee,

JAMES JOHNSTONE, F.R.C.S.

II.—SYSTEMATIC COURSE OF LECTURES ON MATERIA MEDICA.

A Systematic Course of Lectures on the Homœopathic *Materia Medica* will be delivered by J. H. CLARKE, M.D., and T. G. STONHAM, M.D., at the Rooms of the British Homœopathic Association, 233, Regent Street, W., on each day (excepting Saturdays and Sundays) in the months of

May, June and July, 1904. The Lectures will be given at 9.15 a.m., and will be the same in number as those of a University Summer Course, *i.e.*, 50.

III.—SYSTEMATIC COURSE OF LECTURES ON HOMŒOPATHIC THERAPEUTICS.

A Systematic Course of Lectures on Homœopathic Therapeutics will be delivered by D. DYCE BROWN, M.D., and J. GALLEY BLACKLEY, M.B., in the Board Room of the London Homœopathic Hospital, on each day (excepting Saturdays and Sundays) at 5.30 o'clock p.m., during the months of May, June, and July, 1904. These Lectures will also correspond in number and consecutiveness to those of a University Summer Course.

Further particulars may be obtained from the Secretaries of the Sub-Committees, or from the Secretary of the British Homœopathic Association,

Mr. FREDK. KING,
REGENT HOUSE, 233A, REGENT STREET, LONDON. W.

MISSIONARY COURSE.

" . . . There was no medical man within 1,200 miles, and we were sometimes compelled to act whether we knew or not, and we found a small smattering of information . . . was of the utmost advantage to us. . . . I hope that all Missionaries who go where there is no doctor at all, will get as much knowledge as they possibly can."—Rev. Jas. Calvert, from Fiji Islands. *Report of the Centenary Conference*, 1888, vol. ii., p. 25.

SYNOPSIS OF AN ELEMENTARY MEDICAL COURSE TO FOREIGN MISSIONARY STUDENTS AND MISSIONARIES.

Including Medical Subjects, Surgical Subjects, First Aid to the Injured, Tropical Hygiene and Tropical Diseases, Eye Diseases, etc.; with a Special Course to Ladies on Nursing, Elementary Obstetrics, and the Diseases of Children. To be delivered at the London Homœopathic Hospital, Great Ormond Street, W.C., under the direction of the British Homœopathic Association.

MEDICAL TRAINING FOR FOREIGN MISSIONARIES.

A Course of Training in the Elements of Medicine and Allied Subjects has been arranged for Foreign Missionaries and *bona fide* accepted Missionary Students.

The curriculum, comprising lectures and clinical teaching,

is designed to impart to Missionaries knowledge essential for the maintenance of their personal health, and to enable those residing in regions where qualified medical aid is unattainable to deal intelligently with common ailments, whether arising amongst themselves or the natives.

In all cases the practical side of the subjects will be emphasised, and needless technicalities avoided.

The course extends over five months, and it is believed that it can be grafted on to the Theological Course without materially prolonging Missionary Training, and at a minimum cost.

Part of the Lectures will be given in the winter, from January to March inclusive, and part in the summer session. In association with these,

Full Opportunities will be afforded to Students of seeing actual cases of disease, both in the Wards and in the Out-patient Department, of personally examining them and of suggesting treatment. Where possible they will be allowed to undertake, under supervision, dressings or minor surgical manipulations.

The Hours of Attendance are so arranged that the lectures are immediately followed by the practical work, thus involving a minimum expenditure of time to the Student. From two to three hours, on three afternoons weekly, are thus filled up. Extra hours for practical work for the specialities will be arranged as may be necessary.

The Subjects dealt with are mentioned below, Tropical Hygiene and Diseases occupying a conspicuous place.

Examinations of the Students will be held, and Prizes awarded to the most successful candidates.

Application to be made through the Secretary or Official Representative of the Missionary Society with which the Student is connected, to—

The Secretary, Missionary medical course,

Homœopathic Hospital, Great Ormond Street, W.C.

The Hospital possesses 100 beds and its Out-patient Department averages 40,000 attendances annually. Every department of Medical and Surgical Science (save Midwifery, Infectious and Mental Diseases), is represented in the Hospital, which has an exceptionally complete equipment.

This course does not entitle students to assume the position of a medical missionary, nor does it compete in any way with Medical Missionary Societies or work. It is intended to supply to the non-medical missionary elementary knowledge, which is, however, vastly better than none.

SUBJECTS AND LECTURERS.

Anatomy : J. Johnstone, M.B., F.R.C.S. Eng.—January.

Physiology : T. Miller Neatby, M.A.—January.

Surgical Subjects : C. Granville Hey, M.B., C.M.—February and March.

"First Aid" : E. J. Hawkes, L.R.C.P. & S., &c.—February and March.

Medical Subjects : T. G. Stonham, M.D. Lond.—February and March.

Tropical Diseases and Tropical Hygiene : Lieut.-Col. Deane, M.R.C.S., Royal Army Medical Corps—May and June.

Diseases of the Eye : C. Knox Shaw, M.R.C.S. Eng.—March.

Diseases of the Ear : A. Speirs Alexander, M.D.—May.

Diseases of Children : J. Roberson Day, M.D. Lond.—May.

Principles of Practical Surgery : A. A. Beale, M.B., C.M.—February.

Skin : J. G. Blackley, M.B. Lond.—June.

Dentistry : May and June.

For Women only.

Nursing : Mrs. L. Cunard Harris, L.R.C.P., L.M.—May and June.

Obstetrical Subjects : Miss Edith Neild, M.B. Lond.—May.

Diseases of Women : Edwin A. Neatby, M.D.—June.

FEES (Payable on Registration).

Composition Fee for the whole Course, 12 guineas. Clinical (practical) Work only, 5 guineas. *Lectures on Medical or Surgical Work only, 3 guineas. *Lectures on Dentistry only, 2 guineas. *Lectures on other single subjects, each 2 guineas.

The Course commences on Monday, January 11th, 1904, at 2 o'clock prompt.

The following extracts from letters received show that in all schools of thought in religious matters, the scheme is heartily approved :—

The BISHOP OF LONDON writes :

"I believe that such a Course of Medical Training for Foreign Missionaries would be most useful.

"(Signed) A. F. LONDON."

*Including two months' clinical work.

The Reverend R. F. HORTON, M.A., D.D., writes :

"MY DEAR DR. . . .

"Your prospectus quite delights me. I rejoice in the thought that our Missionaries should have these advantages, and that kind of elementary training in medical treatment which will be a constant aid in commending the work of the Great Physician. " (Signed) ROBERT F. HORTON."

JAMES E. MATHIESON, Esq., writes :

"This proposal for an Elementary Medical Course for Missionary Students and Missionaries, must prove, in my opinion, most valuable.

" (Signed) JAMES E. MATHIESON,
"Chairman, Medical Missionary Assoc."

"DEAR DR. . . .

"In great countries such as India, China, and Africa, where Missionaries are often many days' journey from the nearest medical man, a short course of training in the elementary knowledge of medicine, and the treatment of common ailments, would be to the Missionary of priceless value ; first of all to the preservation of their own health, and next for enabling them by the use of simple remedies to benefit greatly the people among whom they labour.

"No Missionary who may have it in his or her power to obtain such help should go out without it.

" (Signed) B. BROOMHALL."

BRITISH HOMŒOPATHIC ASSOCIATION.

Subscriptions and Donations to the General Fund of the Association since the last published list.

Donations.

| | | | |
|---|----|----|----|
| Mrs. Dawson, per Dr. E. A. Neathy .. | 12 | 10 | 01 |
| Mrs. Abbott, per Dr. W. Ross .. | 5 | 5 | 0 |
| Dr. A. C. Clifton | 5 | 5 | 0 |
| Dr. W. Cash Reed | 5 | 5 | 0 |
| Mrs. F. A. Hardy, per Secretary .. | 5 | 0 | 0 |
| H. J. Morton, Esq., per Mr. Campbell .. | 3 | 3 | 0 |
| Geo. Heath, Esq., per Dr. Jas. Jones .. | 3 | 3 | 0 |
| Collecting Cards, per Dr. A. Pullar .. | 2 | 3 | 1 |
| W. S. Page, Esq., per Mr. Dudley Wright | 2 | 2 | 0 |
| The Misses Nightingale, per Dr. W. Ross | 2 | 2 | 0 |
| J. Oldham, Esq. " " | 1 | 1 | 0 |
| A. Knight, Esq. " " | 1 | 1 | 0 |

'First instalment of £50 from Dr. Neathy.

Vol. 48, No. 1.

Donations.

| | | | | |
|------------------------|---------------------|---|----|----------------|
| H. Holland, Esq. | per Dr. W. Ross | 1 | 1 | 0 |
| J. Harris, Esq. | " " | 1 | 1 | 0 |
| Dr. W. Ross | " " | 1 | 1 | 0 |
| Mrs. Ross | " " | 1 | 1 | 0 |
| Samuel Robinson, Esq., | per Dr. Wingfield | 1 | 1 | 0 ² |
| G. Pettit, Esq. | per Dr. Ross .. | 0 | 10 | 0 |
| — Davidson, Esq., | per Mr. Campbell .. | 0 | 10 | 0 |

Subscriptions.

| | | | | |
|-------------------|-----------------------|---|---|---|
| W. S. Page, Esq., | per Mr. Dudley Wright | 1 | 1 | 0 |
|-------------------|-----------------------|---|---|---|

LADIES' COMMITTEE.

Donations.

| | | | |
|---|----|----|----------------|
| Mrs. John Mews, result of sale of work .. | 45 | 10 | 0 ³ |
| Mrs. Clarke | 36 | 11 | 0 ⁴ |
| Mrs. Thurlby | 5 | 5 | 0 |
| Mrs. Henry Wood | 2 | 4 | 9 ⁵ |

Subscriptions.

| | | | |
|-----------------------|---|---|---|
| Mrs. Henry Wood | 1 | 1 | 0 |
|-----------------------|---|---|---|

INFLUENCE OF NITRATE OF SILVER UPON
ASPERGILLUS NIGER.

DR. P. JOUSSET has recently instituted in his laboratory a series of most careful experiments with a view of determining whether the retarding action of argentum nitricum upon the propagation of the mycelium of aspergillus (which he had previously shown to be possessed by the sixth dilution) was possessed by the higher dilutions, testing from the 1st to the 30th simultaneously.

Equal quantities of the sporangia of aspergillus were sown upon a suitable nidus and kept at the temperature of the air for fifteen days. Three boxes for purposes of control contained simply the culture medium, and the rest culture medium which had been treated with sterile watery dilutions of nitrate of silver from the 1st up to the 30th: by a highly ingenious method, the quantity of mycelium resulting in each case at the end of the fifteen days was removed and carefully weighed, and gave the following very striking results:—

| | | | | | | | |
|-------------|---|---|------------|---------------|----------------------|---|------------|
| 1st control | - | - | 0.38 mgrm. | 30th dilution | - | - | 0.22 mgrm. |
| 2nd .. | - | - | 0.41 .. | 12th .. | - | - | 0.22 .. |
| 3rd .. | - | - | 0.44 .. | 6th .. | - | - | 0.26 .. |
| | | | | 5th .. | - | - | 0.07 .. |
| | | | | 4th .. | | | |
| | | | | 3rd .. | } absolutely sterile | | |
| | | | | 2nd .. | | | |
| | | | | 1st .. | | | |

²Second Donation. ³Fourth Donation. ⁴Fourth Donation. ⁵Fourth Donation.

From this we see that the twelfth and even the thirtieth dilution reduced the amount of mycelium produced by nearly one-half ! If a drug in the thirtieth dilution can so act upon a living organism, is it absurd to believe that it can act upon an organism when diseased ?—*Revue Homœop. Française*, p. 337, Oct., 1903.—J. G. B.

A CHAIR OF HOMŒOPATHY IN HOLLAND.

WE learn from the *Lancet* of Nov. 21st that the proposal of the Dutch Government to found a chair of Homœopathy in the University of Leyden, which has been talked of for some time, has actually been carried out. The paragraph from the *Lancet* is as follows: "The Dutch Government having appointed a well-known Zürich homœopath—who, by the way, was originally a pastor—to the Chair of Pharmacognosis and Pharmacodynamics in the University of Leyden, in opposition to the wishes of the medical faculty, a considerable amount of interest has been excited in Dutch scientific circles as to the results of the quarrel." This is all we so far know on the subject, but we shall probably soon have further details.

The following letter, kindly translated by Dr. Blackley, we hoped to have published in our last issue, but had to defer it from want of space. Although the appointment has now been made, we print the letter as showing the state of feeling in regard to the subject in Holland, in homœopathic circles. It was addressed to the Editor of the *Homœopathisch Maendblad* by Dr. Voorhoeve, of the Hague, and has been reprinted in several of the continental homœopathic journals with approval.

Meantime we heartily congratulate our Dutch *confrères* on this great and important step in the progressive history of homœopathy.

HONOURED CONFRÈRE,—You ask me to give you my opinion upon the present opportunity of creating a chair of homœopathy in one of our universities. I do this the more willingly as of late so much has been spoken and written upon the subject. It is evident that the Faculty does not desire the establishment of such a chair, and this ought not to astonish us. We know all the animosity and opposition which the allopaths have shown towards the homœopathic treatment practised from the time of Hahnemann down to our own day. We must, however, recognize that there is in general, during the last few years, a *rapprochement* on the

part of the allopaths, at least in our own country, and that a more tolerant spirit towards our method is abroad amongst them.

The opposition to the *official recognition* of homœopathy is, nevertheless, just as bitter as ever. The proofs of this are evident. The possible nomination of a homœopath as professor of pharmacognosy and pharmacodynamics in the University of Leyden provoked a protest from the Faculty. Such a professor was considered by it as useless, and they did not scruple to say that the Faculty (of Leyden) would not have a professor whose teaching might have the effect of demolishing the knowledge already acquired by the students, or at least of throwing their minds into confusion.

Certainly you are right when you tell me that they admitted later on, after a lively protest from the homœopaths, that they had spoken too sharply, and from this partial retraction we may reasonably infer that they are not systematically opposed to the nomination of a *scientific homœopath*. By "scientific homœopath" they understand someone who has well studied the doctrines of Hahnemann, and can consequently teach like Prof. Stokvis, who gave conferences upon homœopathy; and not a physician who was a real partisan of the doctrines of Hahnemann, a convinced adept, applying those doctrines in practice and daring to call himself a homœopath.

The faculty of medicine does not desire the nomination of a homœopath as professor. They consider the teaching of the elements of homœopathic treatment, of the proving of drugs upon the healthy human body, and of the preparation of homœopathic remedies, as being unnecessary, and neither indispensable nor desirable. One cannot, therefore, avoid the conclusion that the faculty of Leyden considers the acquisition even of such knowledge as being prejudicial to the physician. If it were otherwise, how could they desire to witness the failure of this attempt to nominate a homœopath.

For myself, and, I think, for you also, the chief thing to know is not what the faculty think of the nomination of such a professor, but rather whether the establishment of a chair of homœopathy at a university, where up to the present non-homœopathic professors have had control of the faculty of medicine, would be a desirable thing for us homœopaths, that is to say, whether its establishment would be favourable to the interests of homœopathy—to the advancement and extension of our method.

My answer to you, dear colleague, will be that, after long and mature reflection, I consider the nomination by Her Majesty the Queen of a homœopathic professor at one of our

universities would be a real advantage to homœopathy. His mission would be to teach *Materia Medica*, that is to say pharmacognosy and pharmacodynamics, but he would not have a share of the university hospital there, to treat the sick according to the method recognized and practised by him.

I know that some amongst us consider a homœopathic professor in the midst of none but allopathic colleagues as being out of place, and these would prefer to see a homœopathic clinique established completely distinct from the faculty, where students desirous of being initiated into the homœopathic method might learn it theoretically and practically under the direction of a professor. Under existing circumstances, however, now that Government is disposed to appoint a homœopath to one of our universities, the creation of a homœopathic chair in the bosom of an allopathic faculty appears to me to promise the best results. The incumbent of the new chair ought to have, not only the right to teach, but, what is of greater importance, his course ought to be included in the subjects of examination.

In this case, that is to say, when the homœopath has been officially appointed as professor of pharmacognosy and pharmacodynamics, *all* students, not only those who have the inclination, but *all* students will be obliged to follow the course of the homœopathic professor, and all will be expected to pass their examination before him. In this manner many physicians, and, in any case, all the medical students of this university will be initiated into the elements of Hahnemann's doctrine, and without doubt many will express the wish to complete their theoretical studies by applying at the bedside the method *similia similibus*.

You will answer that "they will not have the opportunity, since according to your plan the homœopathic professor will only teach pharmacognosy and pharmacodynamics. In teaching these branches he could teach the elements of homœopathy, and could combat allopathic ideas upon the action of drugs with homœopathic medical teaching; but all this is only theory, and he could not put it into practice by demonstrating at the bedside the correctness of his theoretical teaching."

Granted: nevertheless, as things are at present it is impossible that a homœopath could be placed at the head of a *clinique*. What is then to be done? One portion of the university hospital ought to be placed under his direction. To demand that part of the sick should be treated homœopathically and another part allopathically is to my mind to demand the impossible. In a hospital where hitherto all patients have been treated allopathically, one has no right to

force half the patients to submit to treatment not only totally different, but even disapproved of by the other professors of medicine. To my thinking this is immoral, and would lead to the greatest difficulties, to unpleasant scenes, and to the bitterest disappointments.

No! the practical teaching of the use of medicines according to the homœopathic method ought to be separate, quite separate from the faculty. This teaching, when the professor is appointed, ought to be given altogether outside the faculty, either by the professor himself or, better still, by another, an able physician, at whose disposal will be placed a homœopathic polyclinic, and later a homœopathic hospital as well.

In this manner it appears to me, my friend, that we shall make progress. We shall have first of all the theoretical teaching of the elements of homœopathy, the teaching of the use of drugs according to the homœopathic method—teaching where it will be necessary to take into account the opinion of allopaths on the subject of the effects of drugs. All students will be obliged to share in this teaching, because they will be examined in its branches. It follows from this that all the students will acquire a knowledge of the doctrines of Hahnemann. Many of these will feel themselves attracted by the fire and zeal with which the homœopathic professor sets these doctrines before them, not less than by the ideal contemplation of the effects of the drugs themselves. They will be proud of knowing these doctrines better. They will feel the need of deciding whether these principles can be applied in practice, and will follow the course of the homœopath who teaches this outside the faculty. And what will be the final result? That among all those who will have been initiated, either before or after their final examination, some will be convinced of the truth of the law *similia similibus*, and will defend with us the doctrines of Hahnemann, and, what is of more importance still, they will treat their patients by the only method which really cures, *tuto, cito et jucunde*.

Such, dear colleague, is my opinion of this matter. I do not expect that you and all my homœopathic compatriots will admit all that I have written above. Nevertheless, what I have given you as my judgment in the matter is, as I have said, the fruit of repeated and serious examination, and therefore I think I may expect that you will give your serious attention to this affair, and in case your opinion differs from mine, that you will have the kindness to inform me of the same.

With fraternal greeting,

Yours, etc.,

N. T. A. VOORHEVE, M.D.

THE HAGUE, August, 1903.

HAHNEMANN HOSPITAL, LIVERPOOL.

WE are glad to notice from the *Times* of Nov. 28th that by the will of the late Mr. Alexander Spiers, of Liverpool, £1,000 has been bequeathed to the Hahnemann Hospital. We congratulate the Board of Management on this handsome bequest.

LEICESTER HOMŒOPATHIC DISPENSARY AND COTTAGE HOSPITAL.

“THE annual meeting of the Leicester Homœopathic Provident Dispensary and Cottage Hospital was held yesterday afternoon in the Mayor’s Parlour at the Municipal Buildings. The Mayor (Ald. Sawday) presided, and among others present were: Dr. Clifton, Miss Fullagar, Miss F. Fullagar, Rev. W. Bishop, Mr. Albert Pickard, Mr. W. L. Salusbury, Mr. G. Wheeler, Mr. W. H. Orton, Mr. John Milne, Dr. Mason, Dr. Capper, Mrs. Clifton, Miss Hazlerigg, Mrs. C. S. Robinson, Miss Rokeby, Miss D. Salusbury, etc.

Dr. Clifton, in stating the aims and objects of the institution, said that they as homœopathics were handicapped, as there had been no hospital nearer than Birmingham or London where those requiring special homœopathic treatment could have such hospital treatment. The dispensary had done, he believed, good work for over thirty years, but he thought for over fifty years there had been a homœopathic dispensary in the town. The larger question of their hospital, where the poorer and middle class patients could have skilled and trained nursing, with medical and surgical attention, became so imperative that a small beginning was made some seventeen months ago, and by the statistics which would be given, the benefit of this institution would be shown to the community at large. Their General Infirmary was and had been doing a glorious and good work for many years for suffering people, but all must ask themselves this question—Why should a large number of the thrifty and upper middle-class people be dependent on that which is purely a charitable institution, or, if not that, go to a private nursing home, where they must pay from three to five guineas a week? What they aimed at was to make their institution as much as possible self-supporting, where with this skilled nursing away from the worries and anxieties of their own homes, with probably not the best surroundings, yet having a quiet haven of rest which was not possible in a large institution, they may feel that they are not having this as a charity. To do this they had fitted up one room for special private cases, and two

other rooms for ordinary cases. Taking the average cost per week per patient, including the necessary dressings, etc., would average 25s. to 30s. Therefore, they must charge from one to three guineas a week. The very poor, by getting a subscriber's ticket, and payment of a small sum themselves, could thus be properly treated. After they had heard the report of the good work which had been done, they would not, he thought, let it lack for funds. He had received the following letter from Lord Dysart, who subscribes £25 per annum to the institution: 'Dear Dr. Clifton,—I regret that I shall not be able to be present on the occasion of the annual meeting in connection with the Homœopathic Cottage Hospital and Dispensary, but I hope you will have an entirely satisfactory meeting. I should like to take this opportunity to congratulate all concerned, not only on the inception of the scheme, but on their success in having carried out the practice of it to the present time; and I sincerely hope that the efforts that have been made afford grounds for thinking that a permanent foundation now exists on which the advance of homœopathy in Leicester may rest with some security, and that the progress in the next few years will be such as to satisfy all supporters of homœopathy, and convince the majority of those who are not yet aware of its benefits.' Continuing, Dr. Clifton said he had received many expressions of gratitude from patients who had been in, acknowledging the kindness and attention of nurses, and the bright and home-like feeling by which they were surrounded. He hoped the Ladies' Committee would organise some scheme for the collecting of such a sum as would put it on a sound financial basis. What he should like to see would be that sufficient means would be found to still further enlarge this work by taking the next house, and so enlarging the usefulness of such a work. (Applause.)

Dr. Capper presented the annual reports. That of the dispensary for the eleven months of the year, in the provident department, showed that 313 cards had been issued, representing 520 members. The number of cards was 27 less than last year, and the number represented was fewer by 45. In the non-provident dispensary 181 cards were issued, as against 216 last year. The total number of prescriptions dispensed was 3,199 for the eleven months. Last year the return was 4,737. It might be noted that the town had been particularly healthy during 1903, and this had undoubtedly affected the work of the dispensary. In addition to the cards mentioned, many had also been given by subscribers to poor patients, who thus received medical attendance entirely gratis. The balance sheet, on account of the causes

referred to, showed a slight falling-off in both provident and non-provident departments, the amount received in the former being £4 7s. 9d. less than last year, and in the latter £3 16s. The subscription list had, however, materially increased, namely, from £24 17s. last year, to £41 11s. 9d. in the present year. After paying all claims to November 30th there remained a balance of £90 18s. 9d. The committee had great pleasure in again acknowledging the valuable services rendered by Drs. Mason and Capper, as medical officers to the dispensary, and also those of the hon. financial secretary, Mr. Milne, and the hon. secretary, Mr. Orton.

The committee, in their report of the Cottage Hospital, stated that, as was anticipated, the hospital had abundantly vindicated the need for its existence. Sixty cases had been treated as in-patients during the eleven months. The object kept in view had been to make the hospital, as far as possible, self-supporting, thus avoiding indiscriminate charity, and the pauperising of applicants for relief. The working expenses for the eleven months amounted to £339 15s. 11d. Towards this sum the fees from patients contributed £182 19s. 6d., £57 0s. 6d. were received as subscriptions, £15 14s. 6d. as donations, and £5 4s. was paid in through the medium of the collecting cards. The balance, £76 18s. 5d., had to be drawn from the establishment and maintenance fund of the hospital. This left the committee with a reserve to fall back upon of only £67 6s. 6d., so that unless subscriptions and donations were largely increased by the end of the year they would be in serious financial difficulties.

The Rev. H. E. Brierley moved the adoption of the reports. He spoke from personal knowledge of the good work that was being done by the institutions, and said he knew of none which had more adequately justified their existence. Both were worthy of the generous support of the public.

Mr. A. Pickard seconded.

The Mayor, in putting the resolution, also commended the work of the institutions.

The resolution was carried unanimously.

The whole of the officers were re-elected, and Mr. A. C. Waites was added to their number. The Ladies' Committee was also re-elected.

Votes of thanks to Drs. Clifton, Mason, and Capper, for their services were passed, and the Mayor also was thanked for presiding."—*Leicester Daily Mercury*, Dec. 16th.

DIETETIC PREPARATIONS, &c.

EPPS'S COCOA ESSENCE.

WE have received a sample of the above preparation, which is an excellent one, and as the natural cocoa butter is to a large extent removed, it forms a nutrient beverage which will agree with the most delicate stomachs when the ordinary preparations of cocoa are found to be too rich. It is guaranteed as absolutely pure, and unsweetened, and we find that it has the natural flavour of the pure cocoa nibs, and forms an excellent and agreeable nutrient beverage for those in health as well as for invalids. We can highly recommend it. It is prepared by the well-known firm of Messrs. James Epps & Co., Ltd.

CASUMEN ARROWROOT AND CASUMEN COCOA.

In our July issue we noticed with approbation the excellent food casumen, which is prepared from milk, and contains a large percentage of casein. We have received a sample of casumen arrowroot, which supplies a decided want. Arrowroot is known and appreciated as one of the best and most easily digested of the starchy foods, and valuable as a food in diarrhœa and kindred affections. But it is generally considered as not by any means an ideal food, inasmuch as it is nearly a pure starch, and so has not much real nutriment in it. This objection is, however, entirely removed by the casumen arrowroot, which, by the addition of casumen to the arrowroot, gives the requisite amount of proteid and makes it a real and valuable food. The addition of the casumen in no way alters the flavour of the arrowroot. We can highly recommend it. Somewhat similar remarks apply to the casumen cocoa, as the addition of the casumen to the cocoa does not alter the flavour of the cocoa, though it adds greatly to its nutrient and sustaining properties, and the combined preparation is a valuable one where a delicate stomach requires as much real nourishment as can be digested. They are both prepared by Prideaux's 'Pure Casein and Life Food Co., Ltd., Motcombe.

DROITWICH BRINE CRYSTALS.

We draw our readers' attention to the above. The Droitwich salt waters are too well known in the treatment of rheumatic and other complaints to require any special remarks from us. But when one cannot go to Droitwich, one can have what is practically the same bath at home by the use of the brine crystals. They are prepared at the spa from the natural waters, and thus enable a salt bath to be taken in one's own house. To rheumatic patients this is a great boon, and physicians have thus a means of treatment

in their hands without having to send their patients away. The home baths can, of course, be used at any temperature that is thought advisable. The wholesale agents for the Droitwich brine crystals are Messrs. Weston & Westall, Ltd. 41, Eastcheap.

OBITUARY.

JOHN WILDE, L.R.C.P. Edin., M.R.C.S., L.S.A.

It is with much regret that we have to record the death of Dr. John Wilde, which took place on December 10th at his residence, Park House, Weston-Super-Mare, at the age of 76, after a protracted illness of an incurable nature, which involved much suffering.

He was educated at King Edward the Sixth's Grammar School, Birmingham. After qualifying for the medical profession he practised for a short time in Islington, London, and then migrated to Winchester, where he practised, for the greater part of fourteen years, as an allopath. It was during his residence in Winchester that he one day happened to pick up one of Sharp's tracts on homœopathy, from the counter of a bookseller's shop, and commenced reading it forthwith. Becoming interested, he took the book home, and this led to his reading other books on homœopathy, and determined him to try the system.

At that time he held the appointment of District Medical Officer, and he commenced his first experiments in homœopathy upon his parish patients.

Finding his results far superior to his previous experience as an allopath, he at last decided to practice the new system of medicine altogether, and proclaimed himself a homœopath. The result of this conscientious and courageous act was that he lost nearly all his private practice, a most serious matter to a man with a large family. But, as time went on, his patients gradually returned to him, and he made many converts of them. In the year 1872, owing to the vacancy at Weston-Super-Mare, by the death of Dr. Cochrane, he moved to that town, where he resided for thirty-one years up to the day of his death.

In addition to such moral courage and manly standing up, in spite of early discouragement, for what he knew was the truth in medicine, qualities that must command the admiration of all, he was in all his actions in life distinguished for uprightness and conscientiousness. These virtues procured for him a respect and influence that few men have obtained, while by his patients he was much beloved. It is

distressing to think what a painful illness his was, and the end must have been welcomed by him.

We offer our sincere sympathy to his widow and family. He leaves four daughters and six sons. Four of his sons are in the medical profession, all practising homœopathy; namely, Dr. Stanley Wilde, of Cheltenham; Dr. Percy Wilde, of Bath; Dr. Herbert Wilde, of Brighton; and Dr. Rowland Wilde, who has been doing his father's practice for some time back, and who will now carry it on. Such a record speaks volumes for judiciously used paternal influence, and is a record that is worthy of remembrance, and of which our deceased colleague may well have been proud.

The following notice of Dr. Wilde appeared in the *Weston Mercury*, and we have much pleasure in extracting it.

“Considerable regret will be experienced not only in Weston but throughout a considerable area, in connection with our announcement of the demise of Dr. John Wilde, of Park House, in this town—one of the senior and most respected homœopathic medical practitioners in the West of England. The deceased gentleman had for some two years been in an indifferent state of health, and for a considerable while past had suffered from a painful malady, for the attempted relief of which he had undergone a number of operations—unfortunately, however, with no avail, a patient and cheerfully-borne struggle against suffering terminating in death on Thursday. Dr. Wilde was originally an allopathic practitioner at Winchester, where he commanded an extensive practice, but subsequently devoted his undoubted abilities to homœopathy, coming to Weston-Super-Mare about the year 1872, and succeeding to the practice of the late Dr. Cochrane, the founder of a local private dispensary in Victoria Buildings, which, through the organization of Mr. Smith, of “Leeston,” and Preb. W. W. Rowley, eventually developed into the local Cochrane Homœopathic Dispensary in Anstice Terrace, which has for so many years past been the medium for the accomplishment of a great amount of good amongst the suffering poor of the town. The battle of homœopathy *versus* allopathy was at that time hotly contested in Weston-Super-Mare, in common with the rest of the country, and Dr. Wilde had to meet a good deal of opposition from a variety of quarters. A man of undoubted skill and attainments and, above all, a gentleman, Dr. Wilde was enabled to live down the strife, however, and in his capacity as physician to the Cochrane Dispensary, and as private practitioner, deservedly secured the high esteem of all with whom he came into contact, an esteem which he never forfeited. In later years Dr. Wilde has resided at Park House, and during the past two years his

practice has been carried on by his son, Dr. Rowland Wilde. Of retiring disposition, the deceased never actively associated himself with any public matters involving debate or contention—in fact, his mode of life may well be summed up in the pithy eulogy which an old and valued friend of his passed to a *Mercury* representative: “A gentleman, a downright humane man, and one ever anxious to do his utmost to relieve suffering in every possible way”—than which a nobler epitaph could scarcely have been pronounced.”

CORRESPONDENCE.

THE COURSE OF INSTRUCTION FOR MISSIONARIES.

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—Allow us to invite the especial attention of your readers to the Syllabus of a Course in Elementary Medicine, Elementary Surgery, and various Specialties, to be given to returned missionaries and missionary students under the auspices of the British Homœopathic Association.

The valuable resources of the London Homœopathic Hospital for educational purposes will, by the generous action of the Board of Management, be utilised for the practical work, which forms a distinguishing feature of this Course.

There are other noteworthy, and in some respects unique characters, which mark this scheme as of special importance. Foremost is the thorough instruction, within its scope, provided for women, who take not only the essential subjects at the same time as their *confrères*: but, later on, a special course of their own, on Nursing, elementary Obstetrics, and elementary Gynæcology. Such information cannot fail to be life-saving in the hands of intelligent women, who, by the nature of their calling, have often to act by the light of nature only, which sometimes is for them horribly insufficient.

Next is the course on “First Aid,” given by one of our colleagues, Dr. E. G. Hawkes, who has attained signal distinction in this work, and to which great importance is attached. Further, the committee have been so fortunate as to engage the services of their distinguished coadjutor, Lt.-Col. H. E. Deane, R.A.M.C., whose special experience in Tropical diseases has been recognized by the Kaiser-i-Hind gold medal. The various Specialties, each under the administration of the corresponding Specialists, will, as the Course

develops, be practically demonstrated to a suitable degree, some to ladies, some to gentlemen, and the valuable Clinical demonstrations of the general staff of the Hospital will constitute the backbone of the practical work.

The course is strictly an elementary one, for it is not designed to make medical missionaries, but solely and only to ensure that instruction, which will provide self-protection and often life-insurance for the missionaries themselves, as well as enlarge their sphere of daily usefulness.

This aspect of the case, and the necessity for some effective provision, is pointedly dealt with in the encouraging and sympathetic messages received from distinguished authorities, both lay and clerical.

We are, yours faithfully,

EDWIN A. NEATBY, M.D.

JAMES JOHNSTONE, M.B., F.R.C.S. Eng.

GEORGE BURFORD, M.B.

CHINA, B. H. P.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—Homœopathic chemists must feel indebted to Dr. John Mc Lachlan, of Oxford, for bringing before their notice the subject of China, as he clearly shows the uncertainty of the kind of bark used by Hahnemann in his provings, and no amount of investigation will, I fear, clear up the point; and he is quite right in stating that *C. officinalis* should be applied to the pale, not the yellow bark.

It appears to me that what we should decide is, the kind of bark to be used in future, and the amount of alkaloids it should yield. The account given by Messrs. E. Gould & Son in the last number of your journal is a useful contribution on the subject. They state, however, that during the last forty years it has been their practice to use *cort. cinchonae flav.* of the finest quality and guaranteed to yield 6 per cent of quinine sulphate, and that it is obtained from *C. calisaya var. ledgeriana*.

Turning to the preface of the last (3rd) edition of the *British Homœopathic Pharmacopœia*, I find that Mr. Wyborn (of the firm of E. Gould & Son) placed his services at the disposal of the British Homœopathic Society, and that he made calculations and experiments that were needed to make the work as perfect as possible, etc. This was in 1882, just twenty-two years ago, yet under China we are directed to use yellow cinchona bark, and the characters and tests are simply

copied verbatim from the 1867 edition of the *B. P.* The characters describe the bark as usually in flat pieces, deprived of periderm, rarely in coated quills, and the test demands not less than 2 per cent of quinine, which would be equal to about $2\frac{1}{2}$ to 3 of sulphate. Why not have given us the benefit of his experience of the previous eighteen years? The question is, are we or are we not to follow the *B. H. P.* directions for making China?

The following replies to an enquiry as to the amount of alkaloid in the bark, from well-known firms, will, I am sure, be interesting to homœopathic chemists.

(1.) The quills of yellow (cultivated) cinchona bark are the best. The flat cinchona of the present day contains little or no alkaloid. We can supply you with yellow quill cinchona yielding quinine equal to 7.6 per cent of sulphate.

(2.) Can supply cort. cinchona flav. quill yielding 8 per cent of sulphate of quinine. The flat cinchona yields less than 5 per cent.

(3.) Cannot obtain a bark which will yield 6 per cent of quinine, the best is 4 per cent (quinine, not sulphate).

(4.) Cannot guarantee anything.

(5.) We have some quilled yellow cinchona bark which is fairly rich in alkaloid. We have not in stock any flat yellow bark rich in quinine, neither have we been able to obtain any in the London market for a considerable time past.

(6.) The percentage of quinine in yellow cinchona bark varies very greatly. The old cultivated calisaya bark of the best quality yielded about 3 per cent of alkaloid, that is 4 per cent of sulphate. Six per cent of sulphate is a very high test for calisaya bark, but when carefully cultivated it is quite possible.

Some of the cultivated calisaya ledgeriana of Java tests over 10 per cent of quinine sulphate.

(7.) We do not think that it is possible now to obtain yellow bark of such quality (that is, 6 per cent of sulphate). We have seen very fine cultivated calisaya ledgeriana which yielded even more than 6 per cent, but none has come into our hands lately testing more than 3 or 4 per cent at the outside of quinine sulphate. Most of it is much poorer.

The last two extracts are from very eminent firms and can be relied upon. I think, however, the *B. H. P.* should be revised and more original work contributed, for as it stands it chiefly consists of matter copied from the old edition (1867) of the *B.P.* now out of date.

Yours faithfully,

74, New Bond Street,
London.

L. T. ASHWELL,
(Keene & Ashwell, Ltd.)

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E.C.; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. BLACKLEY, Dr. DUDGEON, Dr. BURFORD, Dr. GRANTHAM-HILL, Mr. J. M. WYBORN, Mr. ASHWELL, Mr. F. KING (London); Dr. PERCY WILDE (Bath); Dr. STANLEY WILDE (Cheltenham); Dr. PROCTOR (Birkenhead); Miss EDITH HARVEY (Brighton); Mr. P. W. SHEDD (New York).

We regret that we are obliged to postpone a paper by Dr. DUDGEON till February.

BOOKS RECEIVED.

The Physiognomy of Mental Diseases and Degeneration. By James Shaw, M.D. Bristol: John Wright & Co., 1903. *A Pocket Book of Clinical Methods.* By Charles H. Melland, M.D. John Wright & Co., 1903. *Memorial de Therapeutique Homœopathique.* By Dr. P. Jousset, and Dr. Marc Jousset. Paris: J. B. Baillière et Fils. *Syllabus of Lectures on Physiology.* By Wm. H. Bigler, M.D. 2nd edition. Philadelphia: Boericke & Tafel, 1903. *Physicians' Diary and Case Book for 1904.* London: Keene & Ashwell. *The Homœopathic World*, December. *The Vaccination Inquirer*, December. *The Guernsey Evening Press*, November 27. *The Leicester Daily Mercury*, December 16. *The Liverpool Courier*, December 15. *The Calcutta Journal of Medicine*, September. *The Indian Homœopathic Review*, July. *Reis and Rayyet*, Calcutta, November 28th. *The Homœopathic Recorder*, November. *The Medical Era*, December. *The North American Journal of Homœopathy*, December. *The Cleveland Medical and Surgical Reporter*, November. *The Clinique*, November. *The Medical Brief*, December. *The Hahnemannian Monthly*, December. *The Pacific Coast Journal of Homœopathy*, November. *The Medical Century*, December. *Revue Homœopathique Française*, Nov. and Dec. *Allgemeine Homœopathische Zeitung*, November 19, December 3 and 17.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE VALUE OF SYMPTOMS IN DIAGNOSIS.

It is a remarkable fact, that in spite of the treatment which the old school mete out to homœopaths and homœopathy, one after another of the essential points for which HAHNEMANN strove have been admitted as correct by this same old school, and adopted more or less largely. One of the most important of these points is the value of symptoms in the diagnosis and in the treatment of disease, and till recently this subject was ignored or laughed at by the old school. We were jeered at as mere symptom treaters, and were told that we thereby ignored pathology and diagnosis, and so were utterly unscientific in our treatment. In vain we maintained over and over again, that we included under the term symptoms the objective ones which were palpable to every one who knew his profession, the physical signs of disease, the meaning of which was only understood by having a knowledge of anatomy, physiology, and pathology, and which led to the diagnosis of the nature of the case, and its position as an example of a certain class of recognised disease. But while giving due weight to such essential observations, we laid great stress on the subjective symptoms, which often threw a flood of light on the correct interpretation of the objective symptoms, and on the power thus given us of individualising the almost infinite variety of cases which might be

classed as members of a given genus or species of disease. We have repeatedly pointed out that the symptoms present—subjective and objective—form the only picture of the illness, or presentment of it, which enables us to diagnose and to treat the case. Further, that when, as in some cases, the subjective symptoms are scanty, or nearly absent, we have only for diagnosis and treatment the physical or objective symptoms, but that in a very large number of cases, called functional diseases, the physical signs are scanty or *nil*, and that all we know of the disorder is manifested by the subjective symptoms. Still further, that when we come to treatment, the only reliable guide is the array of symptoms, objective and subjective, and largely the latter. If these subjective symptoms are ignored, the only alternative is reliance on pathological views, which may be utterly misleading, and so result in failure in treatment. The latter has been in the old school the basis of treatment, involving theory as to the pathological processes present, and consequent theoretical treatment, and we may add consequent frequent failures. And it is this all-important feature in diagnosis, and especially in treatment, namely, the value of subjective symptoms, which has been ignored by the old school, and for reliance on the value of which we have been jeered at as unscientific. We may add that in cases where there is a difference of opinion as to the diagnosis, in spite of the physical signs present, the immense value of subjective symptoms is well shown. For whether the diagnosis is right or wrong, the presence of subjective symptoms indicate infallibly the treatment, knowing as we do that the medicine, if correctly chosen, that is to say one that covers all the symptoms present, acts upon the diseased part, and in a similar way to the disease which has to be treated. The patient thus is relieved or cured, in spite of the diagnosis being disputed.

In recent years, however, we have had papers and addresses by prominent members of the old school showing that their eyes are beginning to open to the correctness of HAHNEMANN's views on subjective symptoms, and their value in diagnosis and treatment, and these we have noticed from time to time as hopeful signs of therapeutic progress. The most recent of these is that by

DR. J. ROSE BRADFORD, in the "Purvis oration" delivered before the West Kent Medico-Chirurgical Society at the Royal Kent Dispensary, Greenwich, December 4th, the title of which, "The value of symptoms in diagnosis," we have chosen as the heading of this article. We have not been able to find a full report of it in any of the journals, but we base our remarks on an editorial on the subject in the *Lancet* of December 12th. The EDITOR says, "After discussing the importance of the diagnosis of disease, Dr. Bradford went on to point out that it was essential in the treatment and in the prevention of disease for the malady to be recognised in its early stages, and in what might be called its mild varieties. The accurate diagnosis of disease was essential for another reason, namely, it not uncommonly happened that under a given clinical description there were included a variety of separate pathological processes, and Dr. Bradford gave us ulcerative endocarditis as an example. The great majority of the many difficulties and uncertainties in the practice of medicine arose from imperfect or inaccurate diagnosis, which very often depended on the present imperfect state of the knowledge of medicine, but in some instances on a want of appreciation of the symptoms presented by disease. Many practitioners had become so impressed with the value of physical signs that it was not uncommon for a diagnosis to be made entirely from physical signs, the symptoms being almost neglected. Physical signs, as a rule, only gave information as to the anatomical seat of the lesion, they did not give necessary information concerning its pathological nature, and many errors of diagnosis in disease arose from confusing those two distinct phenomena. The importance of the thorough study of symptoms must be at once granted, when it was remembered that in a large number of functional diseases symptoms only were present. In many functional diseases the remarkable character of the subjective sensations complained of by the patient afforded a clue to the differentiation of the malady from organic diseases, with which at first sight it might be confounded." With all this we not only agree, but we are pleased to note such an approach to the recognition of what HAHNEMANN and his followers to the present day have so steadily insisted on as being absolutely necessary to the successful practice of the physician.

After quoting some illustrations given by DR. BRADFORD of the value of symptoms in diagnosis, the EDITOR says, "Dr. Bradford then entered in detail into the value of pain as a symptom. . . . Dr. Bradford concluded an interesting oration by describing how the occurrence of symptoms might afford valuable indications for treatment, at the same time being in some cases the only means of making the diagnosis. So whether medicine was regarded from the point of view of diagnosis, prognosis, or treatment, it was most important in all cases to pay great attention to the study of symptoms, if success was to be achieved." This latter passage is the one that chiefly interests us as homœopaths, namely its insistence on the value of symptoms as affording "valuable indications for treatment." Here is the whole point for which we have so long fought, in spite of abuse and jeers, yielded. And it is gratifying to us to see how point after point insisted on by HAHNEMANN has been gradually found correct and adopted by those who ignored and scouted anything connected with HAHNEMANN and homœopathy. It is a sign of the times, and amply justifies our repeatedly expressed belief that the adoption of homœopathy as the dominant practice is only a question of time, for which we have to wait patiently, but with a feeling of absolute confidence in the ultimate victory of our cause, and of seeing the grand figure of HAHNEMANN placed in the forefront of medical heroes and reformers.

This coming recognition of the value of symptoms as affording "valuable indications for treatment," is the more interesting and important to us, and to the advance of medicine in general, because it cannot fail to lead to the adoption of the law of similars as the great guide in therapeutics. For of what limited use is the observation of symptoms and "the remarkable character of the subjective symptoms complained of by the patient" without some guide as to what use is to be made of them? They are pooh-poohed at present as valueless, and as often the result of the patient's imagination, and ignored, largely because they are practically of no use to the average old-school practitioner. From his standpoint of old-school ideas in therapeutics, having no law to go upon, relying on empiricism and theory, they are so much

lumber, involving absolute waste of time to even listen to them when described by the patient. But just as the late DR. BRISTOWE remarked when speaking of the now largely discredited "pharmacological" experiments, they are practically useless unless the truth of the law of similars is admitted. They are simply a mass of facts which require a key to point out their net value in treatment, and in DR. BRISTOWE's opinion the only key to their meaning and practical value is the great law of similars. So, in the present case, the value of symptoms in the treatment of disease, however valuable for diagnosis, can never be fully appreciated or made full use of without the key which homœopathy supplies. The law of similars brings into notice the remarkable and unique fact that the same array of subjective symptoms as is found in actual cases of disease is manifested by medicines when given in full doses to a healthy person; that every medicine produces a certain array of pathogenetic symptoms belonging to itself and to no other drug; and that there is not a single symptom, or group of symptoms, complained of by a patient, the counterpart of which is not to be found in some drug.

It must surely occur to every thoughtful mind who sees that what he is constrained to admit is of great value in diagnosis and treatment, and who is not absolutely blinded by prejudice, that such a correspondence between symptoms of disease and symptoms of drug-action cannot be a mere interesting but useless coincidence, but that there must be a necessary relation between the two sets of phenomena, a relation pointing to the existence of a divinely given law, in harmony with which the guide to the treatment of disease is plainly pointed out to any one who will open his eyes to look, and his mind to think for himself. Till this mental process is gone through, the whole value of symptoms in treatment must remain largely a sealed book. But in spite of slow progress and the power of prejudice, the perception of such a relation and such a harmonizing law must come by the evolution of thought, and then it will be seen that we are and have been correct, following the wonderfully advanced and large views of HAHNEMANN, that were far ahead of his time. It will then be admitted that the observation of symptoms is the safest and surest guide to the selection of the remedy, that the remedy which

most accurately and completely covers the whole train of symptoms present in the case of disease is *the* remedy for it, and that what we were told was the most unscientific and abysmal form of treatment that an educated physician could adopt, turns out to be just the reverse—the most scientific and successful method of prescribing that modern investigation and thought have evolved.

THE MEDICAL OFFICER OF HEALTH OF HOBART. TASMANIA.

OUR readers will have read with interest the account we gave in our last issue of the comedy now being played in Hobart, Tasmania. We were then able to produce the first act, and now follows the second act, which takes the course that our information led us to anticipate, namely that the Central Board of Health would veto, as it has power to do, the appointment of Mr. GERARD SMITH. This result was, we learn, accomplished by the action of Dr. McCALL, a member of the ministry, and *ex-officio* President of the Central Board of Health. He first gave his deliberative vote against the appointment, supported by two of the medical members of the Board. The third medical member remained neutral, and abstained from voting, while the three lay members voted for the confirmation of the appointment. The numbers being thus equal, the President, Dr. McCALL, gave his casting vote against Mr. GERARD SMITH, and this carried the veto.

The City Council on receiving a notice to this effect resolved not to submit to their dictation, and refused to re-consider the question, as the Central Board of Health requested them to do. It now remains to be seen what this Board will do next. The feeling of indignation at the action of the Board, and especially of Dr. McCALL, the President, is very strong, and it is believed that if the Central Board of Health remains obdurate a public meeting will be called, and that a demand will be made that Dr. McCALL shall retire from the ministry. Under a new Act of Parliament which is likely to pass soon, the Central Board of Health will probably be abolished, or at least its power of veto of such appointments will be taken away. As soon as this Act is passed, the City Council will have a

free hand, but in any case it is evident that the Council are determined not to yield.

We cannot give our readers a more graphic account of what has taken place since our information of last month, and of the public feeling elicited, than by reproducing extracts from the various local newspapers, which, it will be observed, all take the same view of the matter.

I.

The following is the report of the meeting of the City Council, sitting as Local Board of Health, taken from the *Hobart Mercury*, of Nov. 12th.

MEDICAL OFFICER OF HEALTH.

“The Town Clerk read the following from the Secretary to the Central Board of Health: ‘I have the honour to inform you that at a meeting of the Central Board of Health, held on Tuesday, the 10th inst., the appointment of Dr. Gerard Smith as Officer of Health of the city of Hobart was considered, and the confirmation of the appointment was refused. In the interest of public health, I was instructed to ask your Board to reconsider the appointment.’

Alderman Crouch moved that the Council saw no reason to alter its decision, and that the appointment be re-affirmed.

The Mayor: I think we had better take time to consider it.

Alderman Crouch: We should not be dictated to.

The Mayor: It is the law.

Alderman Crouch: It may be law.

The Mayor: And we must abide by the law.

Alderman Crouch characterized the opposition to Dr. Smith as coming from a sort of trades’ unionism on the part of those who should know better—the medical fraternity who were allopaths. Dr. Smith was a fully qualified medical man, and it was a reflection on the City Council for the Central Board to have taken such a course. The best man had been selected, and the aldermen should not be trampled on by men whose ideas were not up to date, and who would have opposed the appointment of Dr. Willmot if they had had the opportunity:

The Mayor: That was not before us. The law is that the appointment or removal of the medical officer of health shall be subject to the approval of the Central Board of Health:

Alderman Gould: The Central Board only carried it by the casting vote of the president, a doctor and the official head as Chief Secretary.

Alderman Crouch: We have selected a fully qualified man, and should defy the Central Board.

Alderman Gould seconded Aldermen Crouch’s motion.

It was not creditable to the Minister to have exercised his power to discredit a fully qualified medical man and the Local Board. One of the doctors present at the Central Board meeting very creditably refused to vote. The Central Board said the appointment was not in the interest of the health of the city, which was mere assertion; this Board thought quite the contrary. The Central Board should furnish some further reasons for refusing to confirm the appointment, and placing the aldermen in an undignified position.

Alderman Freeman said that if Dr. Smith was not a duly qualified man, there might be some reason in the Central Board's attitude. The Local Board had certainly been given a slap in the face. He would like the Central Board to furnish some further reasons, as the one given was very vague.

Alderman Gould said it was stated outside that he had influenced the aldermen in the matter, but he had never spoken to one of them requesting support for Dr. Smith; he would not have insulted the aldermen by doing so. (Hear, hear.) Dr. Smith was chosen by a considerable majority of the aldermen on his merits, and as a man specially fitted for the position—of the three applicants he was the best fitted. Dr. Smith came from London, where objections because a man was a homœopath were never raised, and he acted during the absence of the Health Officer at Hackney, a much larger place than Hobart. Dr. McCall had appointed several homœopathic practitioners as public vaccinators, and it was intended by those in sympathy with that method of practice to bring other homœopaths to Tasmania, and would have them in every town and district, and show the allopaths what could be done. There was another doctor coming out, who was an M.D., and a highly qualified homœopath as well.

Alderman Paton thought the Central Board of Health had made itself ridiculous. He was afraid that jealousy was at the bottom of it.

The Mayor: The whole question revolved around the allopath meeting the homœopath; the former object to meet him in consultation should an epidemic arise.

Alderman Kerr said that there was no influence brought to bear in favour of Dr. Smith that he knew of. (Hear, hear.) He thought the Board should adhere to its resolution.

After further discussion, Alderman Crouch's motion was agreed to.

The Council then rose, having sat for four hours."

II.

Next we have an editorial article on the subject from the same newspaper.

"The Central Board of Health held a secret, or rather what it hoped would be a secret, meeting yesterday, called at a time when the City Council was sitting, in order to prevent the attendance of the Mayor. Our reporter was refused admission to the meeting, but we are in a position to state that the sole object of the little arrangement, which adds another proof of the incapacity of the Board, was to cancel the appointment of Dr. Gerard Smith as local Officer of Health. It will be remembered that he was recently appointed to that position by the City Council, sitting as a Local Board of Health, and he appears to have every qualification for the position. He was health officer to the Borough of Hackney, near London, or which is rather a part of London, which contains many thousands of inhabitants. He was, also, on the Commission to inquire into the improvement of the River Lea, which had become contaminated by sewage, so that there can be no doubt as to his qualification for the position to which he was appointed in Hobart. It seems from what has transpired, that the objection to Dr. Gerard Smith is solely on the part of the allopathic doctors, because he holds an opinion in favour of homœopathy, though he is fully qualified as a medical man, having passed all the necessary examinations. We learn that certain medical men, who call themselves of the orthodox school, say that they could not consult with him, but, as it happens, the position to which he has been appointed does not require consultations, so that the narrow-minded prejudice behind the action taken stands out very prominently. By an accident, the retirement of Mr. Collins and the appointment of Dr. McCall as chairman, there are four medical men on the Board and three laymen, but in this instance Dr. Butler did not vote, and Dr. McCall used his two votes, and thus gained a majority. The Central Board has already sunk rather low in estimation, but this last act will about finish it, and people will be pleased to learn that by the new legislation it will have no power to veto an appointment. In this case, we may fairly expect that the Local Board will not make another appointment pending the new legislation, so that the action taken is as futile as it is narrow minded. For Dr. Gerard Smith is fully qualified, in fact, specially qualified for the post to which he was appointed, and the time has long gone by when medical men could pose as infallible. Whether homœopathy is true as a system of medicine is not the question; the only one is the qualification of the gentleman appointed, and that is no question at all. The Central Board has made another blunder."

III.

Here follows an editorial article from the *Tasmanian News*.

"The action of the Central Board of Health in vetoing the appointment of Dr. Gerard Smith, who was recently appointed Local Health Officer by the City Council—a veto only caused, be it observed, by the casting vote of Dr. McCall, has met with general disapproval, and rightly, too. As we have before shown in these columns, Dr. Gerard Smith possesses exceptional qualifications for the position, and the appointment met with very general approval. It is well-known that a number of allopaths in the medical profession took umbrage at the appointment of a homœopath, and that at a meeting of the medical section of the Royal Society—of which homœopaths are not permitted to become members—the appointment was condemned on the paltry ground mentioned, and the action that followed at the private meeting of the Central Board of Health was fully anticipated. But at that meeting the Central Board of Health over-reached itself, as is usual in such cases, for in the letter of the Board to the City Council, it is requested that *in the interest of public health* the appointment be re-considered. Now, how it can be shown that the interests of public health have not been conserved by the appointment of Dr. Gerard Smith as Health Officer, it remains for the Central Board of Health to indicate, and in this the Board will have a particularly hard nut to crack. To the credit of Dr. Butler, be it said, that he refrained from voting on the question of Dr. Smith's appointment, which was only vetoed by Dr. McCall exercising his right to record two votes. It is also creditable to other leading allopaths of the city that they do not approve of the action taken by the Central Board, considering as they do, and very rightly so, that the question of allopathy *versus* homœopathy should not be introduced in the appointment of a health officer. It is a significant fact that the clause giving power to the central authority to veto the appointment of a health officer by city councils was struck out in the Bill now before Parliament, and the Central Board should have taken the hint and acted accordingly when dealing with the appointment of Dr. Smith. The City Council only acted rightly on Wednesday morning in re-affirming the appointment made, and this is the course the City Council must continue to take until the new Public Health Act comes into force. That a great deal of public indignation has been aroused over the matter is certain, and if it finds expression in a popular outburst at a public meeting, the fault will be entirely due to the foolish action of the Central Board of Health."

IV.

"CENTRAL BOARD OF HEALTH.—A meeting of the Central Board of Health was held yesterday, Dr. McCall, the Chief Secretary, presiding. The press were excluded. We learn that the principal business was to confirm the appointments of a number of health officers by local authorities. The Board, however, declined to confirm the appointment of Dr. Smith as Health Officer to the Hobart Corporation, it being considered that it was not in the best interests of the citizens and the health of the city that a homœopathic practitioner should be appointed, especially in view of the fact that he was an utter stranger, who had just arrived from England, and that in the event of a serious trouble in connection with an epidemic nearly the whole of the medical men of the city would probably, under these circumstances, decline to consult with him. The scope of the proposed inquiry in connection with the outbreak of small-pox in Launceston was indicated in a letter from the chief secretary, which asked the Board if it desired to call any witnesses. It was decided that the only witnesses the Board could ask to be called were the chief secretary, who was the official president, and the secretary to the Board."

V.

Editorial article from the *Examiner*.

"The Central Board of Health this week vetoed the appointment of Dr. Gerard Smith, the newly-appointed health officer of the City Council. What medicos are on the Central Board of Health are allopaths. The health officer, who comes from the old country with a big reputation as a modern sanitarian, is a homœopath. Within the knowledge of the oldest inhabitant there has never been a homœopath on that cumbrous octopus institution, the Central Board, and when a homœopath is trotted out into the health arena, and made to go through his paces, the central doctors put on their monocles and wonder what sort of an animal he is, and ask whether he bears any resemblance to the extinct dodo. Such ignorance is marvellous in this age of progress, and only shows the antediluvian ideas entertained by the medical members of the Central Board, which has been hall-marked for years with its want of grip of health matters. The letter sent by the Central Board to the Local Board, and read at the meeting of that body on Wednesday, was absolutely laughed out of court for the strangeness of the request contained in it. The writer was the secretary, who simply did what he was told to do, viz., that the Board could not confirm Dr. Smith's

appointment. The municipal authorities very properly decided that they were the best judges regarding the appointment of a health officer, and practically they gave the Central Board to understand this. A more decided facer has not been given the board for many a long day.

"In a very short time the Central Board will be no more. No sorrow will be expressed at its demise, and not a single individual in the community, unless he is an absolute crank, will worry around, asking for its restoration. The Board has been the cradle of fossilised ideas for years past. It did many foolish things, and there are no records to show that it was ever heavily afflicted with wisdom. The last meeting was a star chamber one. The press was not admitted, and pressmen when this ultimatum was made known, expressed themselves as truly thankful."

VI.

Editorial article from the *Monitor*.

"The action of the Central Board of Health in vetoing the appointment of Dr. Gerard Smith as Health Officer for Hobart, is about the final eccentricity that the public will tolerate from the gentlemen who comprise the Board. The meeting was called at an hour when it was impossible for the Mayor of Hobart to attend, and the press were excluded. It is known, however, that the President (Dr. McCall) exercised two votes—deliberative and casting—and that by this means the little piece of business was accomplished. Of course the City Council will resent the action of the Board, and so will the public, and since it is likely to bring about a more speedy collapse of that effete body than would otherwise have been accomplished, the incident is really a blessing in disguise. Why should our public bodies mix themselves up in the squabble of professional men, and help one side of the profession to boycott another side?"

VII.

Letter to the Editor of the *Mercury*.

To the Editor of "The Mercury."

SIR,—I am a Tasmanian-born, but, upon my soul, I am beginning to be ashamed of my country, that is, politically, and of the doings of sundry powers that be. The contemptible action of the Central Board of Health in regard to Dr. Smith's appointment crowns everything, and merits the widely-expressed indignation it has aroused on all hands.

Yours, etc.,

Nov. 11th.

JUSTICE.

VIII.

Editorial notice from the *Mercury*.

"THE CENTRAL BOARD OF HEALTH.—We have received several letters condemning the recent action of the Central Board of Health in cancelling an appointment by the Local Board. As, however, most of the writers enter upon a discussion of the merits of allopathy and homœopathy, we cannot publish them, as we have no space for a discussion of the kind, nor would it serve any good purpose."

IX.

Letter to the *Mercury* from Mr. GERARD SMITH.

To the Editor of *The Mercury*.

SIR,—I shall be greatly obliged if you will kindly note, in connection with my qualifications for the post of medical officer of health, that my work at Hackney was not officially as medical officer of health, but, acting on the sanitary aid committee, at times of special need on account of serious epidemics, by the request of the then health officer. I did active work in assisting him. The Lea drainage committee was, of course, a very important work. The medical men here are so anxious to find something to weaken my position, that I think it is important for me to avoid the appearance of sailing under false colours.

Apologizing for troubling you.
Nov. 11th.

Yours, etc.,
GERARD SMITH.

Lastly "On Dit" from another Hobart newspaper, whose name we have not received.

ON DIT.

That Dr. Smith is a member of the British Medical Association.

That the Tasmanian Branch is an offshoot of the Association.

That the On Dit man will be asked to Dr. Smith's "At Home."

That there will be a big assemblage at "Carolside" tomorrow.

That the Homœopathic Hospital is one of those institutions that deserves all the support it can get.

That the Health Officer made an inspection of the pubs yesterday.

That Dr. Smith's opinion of the Tasmanian pub will appear in the form of a report shortly.

That Dr. Smith knows his business.

That those who will not leave him alone do not know it.

That the doctor is not to be imposed upon.

That the last City Health Officer was an allopath.

That the following will be invited guests at Dr. Gerard Smith's first garden party: Drs. Butler, Sprott, McCall, Elkington, Clark, and the On Dit man.

That the On Dit man has promised to secure the Barrack Square for the function.

That the Central Board of Health do their business in a peculiar way.

That a man may be a homœopath, and still a good man.

That medical men have a way of their own in regulating things.

That the objection raised to Dr. Gerard Smith is because he is a homœopath.

That such an objection is paltry.

That a man may be an allopath and still a fool.

That fools walk in where angels fear to tread.

The Garden Fête at Carolside, alluded to by the "On Dit" writer as "Dr. Smith's at Home," was a Fête in aid of the funds of the Homœopathic Hospital, given at Carolside by the kind permission of Mr. and Mrs. Brownell. The Fête was opened by the Hon. Tetley Gant, M.L.C., and it was, we learn, a great success.

We have little to add to the graphic sketch of the situation as given by these various extracts. The Central Board of Health have put themselves into a ridiculous and ignominious position, which evidently elicits no sympathy in any quarter, but on the contrary has raised a storm of indignation. It is very satisfactory to find the local Press unanimously adopting the large-minded, liberal views that they have done. The City Council, thus backed up by public opinion, will hold out till they win the day, and till Mr. GERARD SMITH is securely confirmed in his appointment as medical officer of health. Meantime, we learn that he continues to act, and will do so.

The curtain closes here at the end of the second act of this Comedy, and we hope to be able next month to announce the happy ending of Mr. SMITH's secure appointment, and the complete discomfiture of the doctors on the Central Board of Health. We say "the doctors" on the Board, as it is very significant of the general public feeling that the three lay members of the Board voted in favour of Mr. SMITH's appointment. The whole onus of the disturbance thus rests exclusively with the medical men.

We hope it will teach them a salutary lesson, and show them that these trades-union "ethics" in which they have been nurtured will not be permitted in a town like Hobart.

The whole episode will do a great deal of good to the cause of homœopathy in Tasmania, and for this result the allopaths have to thank themselves.

Since the foregoing newspaper articles were received, the following have also been forwarded to us.

We have first, a report of the meeting of the Central Board on Nov. 24th, as follows :—

" A meeting of the Central Board of Health was held at the Public Buildings on the afternoon of Tuesday, November 24th. Present: the Chief Secretary (Hon. Dr. McCall), President; Dr. Crowther, Dr. Giblin, the Mayor (Mr. T. Bennison), Mr. A. Riddoch, Mr. C. Harbottle.

The President said this meeting had been called to consider a letter from the Town Clerk, enclosing a resolution of the Local Board of Health with reference to the appointment of an officer of health for the city of Hobart. The resolution was: 'That the Local Board of Health of Hobart sees no reason to reconsider its decision as to the appointment of Dr. Gerard Smith to the position of Officer of Health for Hobart.' The Town Clerk went on to say that he was instructed to ask in what way Dr. Gerard Smith, as Officer of Health for Hobart, would interfere with the interests of public health. In connection with this matter, the President said that after their last meeting, a sub-leader appeared in *The Mercury*, in which it was insinuated, if not practically stated that the last meeting had been called at a time to preclude the possibility of the Mayor being present. It was nothing of the sort. The meeting was called for the Tuesday, because it was the most convenient for himself, and he was not aware that the Mayor had another meeting that day. At any rate, he knew he received no request from the Mayor, or any other member of the Board, to alter the date of the meeting.

The Mayor said he hoped the President did not think he had anything to do with the inspiration of that article.

The President: Oh no.

Dr. Crowther said the point in this dispute was that pretty nearly all the local medical practitioners would refuse to consult with Dr. Smith because he practised homœopathy. They had every respect for him, but for that reason could not meet him in consultation.

The President asked the Mayor if he had ascertained whether Dr. Smith was assistant or junior to another medical man practising in the city.

The Mayor knew nothing about that, and did not see how it affected the case. The Local Board had carried out the law by appointing a legally qualified medical man, and they wanted to know why the Central Board thought the appointment they had made would not be in the best interest of the public health.

The President said it would affect the case if Dr. Smith were an assistant or junior to another medical man, for then he would not be a free agent. The reason that weighed with the Central Board in coming to the decision they did was principally the resolution that came from the medical section of the Royal Society. The resolution was: 'The medical section of the Royal Society think that the Central Board of Health, before confirming the appointment of Dr. Gerard Smith as Health Officer to the city of Hobart, should take into consideration whether it is in the interests of the public health that such an important position should be held by a homœopathic practitioner.' Besides, the Central Board was not bound to confirm the appointment. The medical society had given one reason, and he thought there were other considerations, one of which was very serious—whether Dr. Smith was an assistant or junior to another medical man.

The Mayor said the health officer was appointed under certain conditions, and if he did not carry out these conditions the Local Board would soon remove him.

After some further discussion, it was agreed to reply to the Local Board to the effect that they did not think it was in the interests of public health that a homœopathic practitioner should be appointed officer of health for the city, as the great bulk of the medical men in the city would not consult with him.

Correspondence was read with reference to the pollution of the New Town Creek, and it was decided to call upon the Local Board of Health to take steps to obviate the nuisance.

The Board then rose."

Next comes the report of the Hobart City Council, sitting as the Local Board of Health, Nov. 29th as follows:—

MEDICAL OFFICER OF HEALTH.

"The Central Board wrote, adhering to their resolution not to approve of the appointment of Dr. G. Smith as Medical Officer of Health to this Local Board, because the majority of the medical men would refuse to consult with him, because he was a homœopathic practitioner.

The Mayor said the three lay members of the Central Board of Health were in favour of confirming the appointment, and three doctors were against, and the refusal was carried on the casting vote of the Chairman, who was also a doctor.

Alderman Gould attributed this to the attitude of a few young practitioners in Hobart who were members of the local branch of the British Medical Association, whilst Dr. Smith was a member of the parent society in London. When Dr. Benjafield, a homœopath, acted as officer of health to the Mount Stuart Town Board, there was no objection, because he took no salary. It was the £150 salary to Dr. Smith that was begrudged. It was the worst kind of trade unionism influence he had ever heard of. He hoped the Aldermen would stick to their guns, as the Central Board could do nothing. Mr. Storrer had taken the sting out of the Public Health Bill in that direction. The feeling of the Assembly very rightly was that the State medical officer should have no power of veto.

Alderman Crouch : We are masters of the situation, and know what we want. We have selected the best man."

DEPUTATION TO THE PREMIER.

Finally, we have a report of the reception by the Premier of an "influential and representative deputation" on the subject of the Health Bill, and a clause which had been introduced by Sir Adye Douglas, empowering the Chief Health Officer to dismiss any medical man attached to a Local Board of Health. The report from the Hobart *Mercury* tells its own tale, as follows :—

"This morning an influential and representative deputation waited on the hon. the Premier (Mr. W. B. Propsting) in reference to the amended clause introduced into the Health Bill by Sir Adye Douglas, giving power to the Chief Health Officer to dismiss any medical man attached to a Local Board of Health.

Alderman Moore briefly introduced the deputation, and said the members of it would speak for themselves.

Mr. Gould apologised for the absence of the Mayor and others who were detained on the Licensing Bench. He understood that the Launceston Municipal Council had protested unanimously against the clause introduced into the Health Bill by Sir Adye Douglas. They all felt that the appointment of the local health officers should be in the hands of the Local Board of Health. It looked as though the medical men of the Central Board had banded together against the Local Boards, but the lay members of the Central Board agreed

that the power should be in the hands of the Local Boards. This sting introduced into the Bill by Sir Adye Douglas, required to be removed. It was most unfair, and it was to be hoped the assembly would see that it was removed. The deputation also wished to protest against the going on with the commission of enquiry that was proposed to be held on the subject of the recent outbreak of small-pox. It would cost a considerable amount of money, which would be literally thrown away under the present circumstances. A number of lives had been lost, and these could not be restored, and now that it had gone so far the enquiry was likely to be of little service.

Alderman Crouch spoke to the same effect with regard to the action of the Legislative Council in inserting the clause referred to. It was boycotism and unionism, and nothing else. Why appoint a Local Board of Health to look after local matters if the Central officer was to have the power of doing as he liked with their medical men. With regard to the other matter, as the small-pox enquiry was not held at the time, he failed to see what good it would do. He hoped the Assembly would support the Local Board of Health and throw out this objectionable clause.

Mr. T. L. Hood was very much surprised at the action of Sir Adye Douglas in proposing and carrying this clause in the Health Bill. It appeared to him that he had been 'got at.' The fact of the matter was that the whole thing had arisen because a homœopathist had been appointed to a position in the Board of Health. In this twentieth century it was known that homœopathy was something more than a fad. It was giving an autocratic power to the Chief Health Officer, which had no right to be allowed. No such power as this should be in the hands of any single individual. (Hear, hear.)

Mr. L. C. Thirlwall said the Government should not look upon this question as one of homœopathy as against allopathy, any more than they looked upon differences in religion.

The Premier, in reply, said that with regard to the proposed enquiry into the outbreak of small-pox, he might say that he was very much of the same opinion as the deputation. (Hear, hear.) . . . With regard to the other matter, he did not quite understand the spirit in which he was approached, especially by the remarks made by Mr. Hood, who had intimated that the action of Sir Adye Douglas was prompted by the Government. The Government was in no way aware of the motion of that honorable gentleman, but they saw great value in it. A similar provision was in the Bill when it was first introduced into the Assembly. He hoped he should be able to disabuse the mind of the deputation

that there was any 'set' whatever on the part of the Government against homœopathic medical officers. Certain powers must be vested in the Chief Medical Officer, and all the other health officers must be subservient to him. They must have some authoritative central person. If that was admitted there could be no valid objection to the clause in question. If it meant anything, it meant the deputation had no confidence in the Chief Medical Officer.

Alderman Gould: Hear, hear. Not against him as a man, but against his having this power.

The Premier was surprised to hear Mr. Gould saying 'hear, hear,' to that. To say that Dr. Elkington would be guided by animus was to say they had no confidence in him. He was a most honorable gentleman, and the Government had every confidence in him. Every health officer must be under the chief health officer. If they were independent of him the work of the chief health officer would be to a great extent nullified. If his instructions were not carried out it would be wasting money, and they would be living in a false security. He (Mr. Propsting) did not know what Dr. Elkington's views were on the matter of homœopathy, but he did not believe he would take any steps to remove any gentleman from a position on a Board because he was a homœopathist. Tasmania was rapidly developing into a tourist resort, and it was their duty to assist all they could in making their State popular with visitors. He would be prepared when the Bill came back to the Assembly to move that the Chief Health Officer should only have power to remove any officer of a Local Board of Health in the event of flagrant disobedience to his directions. Such removal under such circumstances would seem to be a reasonable thing. Further than this in the direction indicated by the deputation he (Mr. Propsting) could not go. They knew that the health officer of a Local Board could not be removed without the sanction of the Chief Health Officer. He thought they would admit that that official was in the best position to judge of the sanitary knowledge possessed by the officer of the Local Board's medical officers. A local medical officer was not to be removed by the whim of a country health Board. That was a very proper provision in the Bill. (The Premier read portions of the Bill.) He was prepared to move the insertion of a further provision in the Bill to the effect that this clause should not be operative except by actual disobedience on the part of the local health officer. He believed the change would be good to both town and country.

Alderman Crouch reminded the Minister that the Central Board of Health had sent down twice to the Local Board in Hobart to shift Dr. Smith.

Alderman Gould wished to make it quite clear that the Mayor of Hobart and the whole of the members of the Local Board of Health who were not represented in the deputation, were opposed to the action of the Council in carrying this most objectionable clause. And he added: 'It is the Chief Secretary who was at the bottom of it.'

The Minister: That is not true. When there was an equal number of votes Dr. McCall voted with the medical section of the Board.

Alderman Gould: He gave his deliberative as well as casting vote. He was at the bottom of it.

The Premier: He was at the top of it, maybe—not the bottom; but I am not here to bandy words with members of the deputation if they do not prime themselves with the true facts before they come here.

The Premier spoke a few more words on the subject, and said he hoped by the amendment he had suggested that any reasonable objection would be overcome.

Alderman Gould: Have you received a telegram from the Launceston Council?

The Premier: Yes, it is as you said.

Alderman Gould again emphasised the fact that Dr. McCall had done his best to oust Dr. Smith.

The Minister did not think it was fair to make this attack on the Chief Secretary. The Central Board was an expiring body.

Alderman Gould: But is not the department administered under Dr. McCall?

The Premier: Dr. Elkington, the Chief Medical Officer, will be just as independent as the Auditor-General is of any political control.

Mr. G. W. Lloyd said he thought the Government had done a very wise thing in the appointment of the Chief Medical Officer.

Alderman Moore, M.H.A., on behalf of the deputation, then thanked the Premier for his courtesy, and the deputation withdrew.

This objectionable clause in the Health Act, if passed, would bring a new element into the question, as it would entirely depend on the Chief Health Officer, Dr. ELKINGTON's views in regard to homœopathy, whether he cancelled the appointment of Mr. GERARD SMITH or not, and we do not know how far he might be able to resist pressure from the allopathic doctors. On the other hand if the PREMIER's proposed alteration of the objectionable clause carried the day, it would be extremely difficult for

the Chief Health Officer to interfere with the appointment. An excuse of some "disobedience" might be trumped up, the disobedience being the result of a deliberate trap to provoke it, but it would be, as we have said, extremely difficult to accomplish, and we can hardly think that Dr. ELKINGTON would lend himself to such a trap. Here the matter at present stands, and we must await with interest further developments.

THE BRITISH HOMŒOPATHIC ASSOCIATION.

THE educational work of the Association, as announced in detail in our last issue, has now fairly begun. The courses of lectures on Homœopathic Materia Medica, and on Homœopathic Therapeutics, are being held twice a week, while the Missionary course has also been well started. Two excellent "Wednesday Lectures" have also been given by Dr. SPEIRS ALEXANDER, and Dr. HERBERT NANKIVELL. We call special attention to our correspondence columns, in which appears an important letter from Dr. BURFORD. For obvious reasons we could not have given the sound advice which he puts forcibly in the first half of his letter. But we fully agree with him as to the real advantages which may accrue to the younger members of our profession in attending a systematic course of lectures on Materia Medica and Therapeutics. They have had to pick up the details of homœopathic treatment for themselves, with the aid only of books, and their own experience, or in hospital and dispensary practice, when they have been fortunate enough to have obtained resident or visiting appointments at such institutions. But still, with all, it is a great help to study and observation to have gone through a systematic course of lectures. These lectures, as now instituted, are arranged so that at the latter part of the hour devoted to them, the spoken lecture should cease, and opportunity be given to any one to ask questions, or conversationally clear up any points which may have been not so fully entered upon as the audience might have wished. This idea is taken from America, where it is found to be a feature of the utmost value to the students.

We would also draw the attention of our readers to an interesting letter in our correspondence columns from Dr. JAMES SEARSON, who has just returned from America, where he went last autumn as the "Travelling Scholar"

of the British Homœopathic Association, and also to make a full report of what he observed, good or otherwise, in the method of conducting the college and hospital work in the United States. His full report will, of course, be laid before the Executive Committee of the Association, but this letter, giving a short account of how his time was spent, will be read with interest.

We have especial pleasure in noting how warmly he speaks of the lavish hospitality and kindness with which he was everywhere received. American hospitality is quite a household proverbial phrase in this country; we felt sure that Dr. SEARSON would personally experience it. We are glad therefore of this opportunity of publicly, on behalf of the Association and of all British homœopaths, expressing our gratitude and warm appreciation of the uniform kindness shown to our "Travelling Scholar" by our American *confreres* wherever he went. It makes us feel more than ever bound to them by ties of friendship and regard, and we are sure that we voice the feelings of our British colleagues in saying that it will always delight us if we can on any occasion emulate the charming hospitality of our brethren across the water, when they may do us the pleasure of visiting the Old Country.

FOOD AND DRINK, NUTRITIOUS AND OTHERWISE.

By R. E. DUDGEON, M.D.

THERE is one thing that conspicuously distinguishes savage and civilized man from the brutes, and that is this. While what we contemptuously call the "inferior animal" is content to subsist on pure nutriment, each selecting, with unerring instinct, the kind of food adapted to its nature, "the superior animal" eats, drinks, and otherwise indulges in some natural or artificial substances which are not of the nature of nutriment, but which act on certain parts or organs of his body no way concerned in the functions of digestion or assimilation, which, indeed, have a more or less toxic effect on the organs to which they have an elective affinity. They are not, indeed, consumed with any idea that they contribute to the growth or nourishment of the body, except in the case of some of them which are believed, with or without reason, to be

stimulants of the appetite, digestion, or assimilation ; but they are chiefly used for certain pleasant effects they produce on the sensations, or for their exhilarating action on the mind and disposition. All these non-nutrient substances can be consumed by some persons in considerable quantities for a long time without apparent ill effects, but for all that they are toxic agents, as is evident from their prejudicial action when taken in excessive quantity by all, or even in moderate quantity by sensitive persons. The derangements of health caused by one or more of these non-nutrients are sometimes very considerable, but the source of ill-health is often entirely unsuspected by the patient and over-looked by his medical adviser. It would be utterly vain to attempt to persuade people to abandon the consumption of all substances not of a purely nutritious character. They would say, to do so would be to deprive life of half its charm, and so perhaps it would in our very artificial way of feeding. The fact is, in these highly civilized times eating has become such an important function, that, if not the chief occupation of most persons, it is considered the indispensable accompaniment of some of the momentous operations and undertakings of public life. And even in ordinary private life meals are often the chief and most beloved events of the day, and are often made the occasion of social gatherings. Hence as many as possible are crammed into the twenty-four hours. Breakfast, luncheon, and dinner are the three chief meals, when considerable quantities of elaborately cooked dishes are consumed, and smaller intermediate refectations are often partaken of, such as early cup of tea, afternoon tea, and a glass of something warm and spirituous with a biscuit or cake before bed. As it is impossible that a healthy appetite can develop and abide with such little repose of stomach, it is found necessary to create an artificial appetite by means of various stimulants, spices, sauces and drugs which enable the stomach to receive a greater quantity of food than it is able to digest or to assimilate. Thus the transformation of food-eating into a social function derogates from its use as a mode of conveying nourishment to the system when it is required, and so we have our periodical feasts partaken of without natural appetite, and attended by over-work of all the organs of digestion and assimilation, which must inevitably result in disease and often in an overgrowth of fat. Reason and

inclination would suggest eating and drinking when we are hungry and thirsty ; civilized custom compels us to eat and drink at certain hours, whether we require or desire it or not. The semi-civilized Emir of Afghanistan said to his English lady doctor : " Why must you go ? " " It is the hour for lunch. " " Are you hungry ? " " Not the least. " " Then why should you eat when not hungry ? " To this there was, of course, no rational answer. " The French are a set of barbarians, " wrote the banished Scotch nobleman to his friends, " they never drink unless they are dry ! " So our boasted civilization compels us to eat when we are not hungry and drink when we are not thirsty ! The consequence of this tyranny of custom is that a multitude of quite respectable and amiable people suffer from dyspepsia, gout, and obesity, and cannot understand why they should be so afflicted, when their habits are so regular, and their food and drink so carefully selected and so wholesome. Much superstition prevails with regard to eating and drinking, and from this the medical profession is not wholly exempt. " He was able to take a considerable amount of nourishment " in a bulletin, is a phrase that sends a thrill of delight through the breasts of anxious friends, when, perhaps, the true statement should have been : " At the urgent request of his attendants he forced down a quantity of food, which did him no good, but the contrary. " Or the poor dyspeptic is held to be not at all ill if he takes regularly his three substantial meals a day, when, perhaps, he would be much better if he omitted one or two of them. I don't think the heroes of the Homeric poems, who performed such prodigies of strength and endurance, had their three meals a day. Homer, who tells a great deal about their feasts, never says anything about any meal except their dinner or supper. He says nothing about breakfast or luncheon, but he gives us minute descriptions of the one great meal of the day. And to our modern idea this meal was more remarkable for its simplicity and profusion than for its inviting character. I may here give an account of two dinners circumstantially described in the *Iliad*. The first is that given by Agamemnon to King Idomeneus, Nestor, the two Ajaxes, Diomed, Ulysses, and Menelaus, eight in all, including the entertainer. A fat, five-year-old bull was killed and flayed, and after the usual portions, viz., the thigh-bones and some fat and bits of flesh, were burned

as a sacrifice to the Gods—for the Homeric diners never neglected this pious duty, and often said a grace before meat of a length to satisfy a Scotch presbyterian minister—the inward meats, to wit, the liver, heart, sweetbread, and kidneys were first eaten, by way of *hors d'oeuvres*, I presume; then the rest of the beef was cut up small, put on small spits or skewers and roasted, apparently by the guests, and eaten, “so that all were satisfied” (*Il.* ii. 420). The second is a more detailed account of the feast given by Achilles to the ambassadors of Agamemnon. The guests were Ajax, Ulysses, Phoenix, the two heralds, and the entertainers Achilles, Patroclus, and Automedon, eight in number. Patroclus was directed by his friend to set a large bowl of wine mixed with less water than usual, as the guests were such dear friends, and to give each of them a cup. Patroclus then set the chopping-block in front of the fire, and laid on it the loin of a sheep, the loin of a goat, and a chine of fat pork. Automedon held the meat while Achilles chopped it, afterwards slicing the chops and putting the pieces of meat on spits or skewers, while Patroclus kept up the fire. When the flame had died down, he spread the cinders out and laid the spitted meat upon them. Then he arranged the spits on the spit-rack and sprinkled the meat with salt. When the meat was roasted he set it on plates and handed round bread in baskets, and Achilles dealt their portions out to the guests (*Il.* ix., 305). When the guests were more numerous the feast did not differ except in quantity from the more select dinner. The author (or authoress, as Samuel Butler says) of the *Odyssey* gives a circumstantial account of the last feast of Penelope’s suitors. Their number was 108, and the amount of food was considerable, to wit, three pigs, a good many goats, probably not less than a dozen, as they were brought by two herdsmen, one lot requiring two shepherds to bring them along; and one barren heifer. The animals were brought alive into the dining-hall, there slaughtered and skinned, and the skins apparently thrown about the room, as during the killing of the suitors one hid under the freshly-flayed heifer’s hide. The inward meats were first cooked (probably boiled) and handed round. Then the outer meat was cut up and roasted on skewers, and every guest received his portion, including cups of wine mixed with water, and feasted to his heart’s content (*Od.* xx.). At

this banquet the guests were waited on by servants, but at some other feasts the bits of meat were apparently roasted by their eaters. They were in fact their own cooks, reminding us of the feast boasted of by the Welshman: "I had 300 guests at dinner, and there were 300 cooks." "Yes," said his friend, "I know, every one toasted his own cheese." Well, if that was so, the Welsh feast was Homeric as regards the cookery. But when we compare the simple classical banquet of the time of the Trojan war with the elaborate feast of modern times, we are struck by its monotony, and total lack of variety, and disgusted by its savage simplicity. The dining room was at once a slaughter-house, a butcher's shop, and a kitchen; the cookery of the rudest, the only condiment mentioned is salt, and the only variation from freshly killed meat, lumps of bread, probably made of barley-meal, as that is what Minerva calls "the staff of life," (literally "the marrow of a man") and which she advises Telemachus to provision his ship with (*Od.* ii.). Barley is not much used for bread-making now-a-days except in Scotland, where bannocks and scones of barley-meal are still consumed. Barley in our civilized age is mostly used to manufacture whisky and beer, which may be the "staff of life" to the "trade," but are very much the reverse to their customers, and are apt to take the marrow *out of* the man. In the feasts enjoyed by the son of Atreus and his companions there was no soup, no fish, no vegetables, no *entrées*, no sauces, no puddings, no pastry, no fruit; nothing indeed but ill-roasted meat and the internal organs (probably boiled) of newly slaughtered animals. The wine was probably too strong or too sour to be drunk alone, so it was always mixed with water. What a contrast to a modern banquet! I do not give this description of Homeric banquets to show off my classical learning; for, alas! I have none, and therefore have to take my lore from one of the numerous translations, this time my late friend, Samuel Butler's. I only wish to contrast the method of feeding of Homer's heroes with the modern plan. Homer's warriors had probably only one meal a day. Agamemnon, indeed, on one occasion orders his men to get their morning meal, but that was apparently their principal or only meal, taken early, as they were to go off fighting immediately. As they were usually so busy fighting they could not be

certain of enjoying even the one meal every day, so they would likely act on the principle of that distinguished warrior of a later age, Dugald Dalgetty; "When a cavalier," he says, "finds that provant is good and abundant, he will do wisely to victual himself for at least three days, as there is no knowing when he may come by another meal." Hunger would, no doubt, give them the relish required for the consumption of an adequate supply of their nutritious but unsavoury food. The modern consumer of three square meals a day is never hungry, only greedy. He does not like to miss one of the meals prescribed by custom, but as he comes to these without appetite, he must coax his gustatory sense by the devices of scientific cookery and stimulating drinks. I don't suppose Homer's heroes ever suffered from dyspepsia, gout, or any of the many ailments we moderns owe to our indulgence in too heavy and too frequent meals. If there were fewer skilful cooks to tempt us to over-eat by their tasty confections, there would be less work for doctors to attempt to undo the mischief done by yielding to culinary seductions.

The main difference between the Homeric feast and the modern banquet is that the former consisted of pure and unsophisticated nutriment, whereas the latter is composed of a great variety of different kinds of vegetable and animal food rendered tasty by scientific cookery, which employs many substances, not nutritious, but introduced for the purpose of stimulating the jaded appetite by pleasant flavours and artificial savours, to eat more than would be relished in a simpler diet more simply prepared. The culinary art seems to have attained a great development among the ancient Romans, and the feasts of Lucullus and other Roman gourmets were distinguished for their elaborate and expensive character; though the articles they ate and the flavours they delighted in would hardly be relished by modern taste. Nightingales' tongues, the larvæ of the stag-beetle, and pullets stuffed with assafœtida would not be appreciated in a modern *menu*, and probably many of our favourite dishes and sauces would have been as repugnant to the old Roman.

There are, of course, many who subsist on the simplest food either from choice or necessity; but most of those who can afford it, unless their feeble digestive powers forbid it, adhere persistently to their three "square"

meals a day, and consider it almost a dereliction of duty to themselves if they neglect to partake of all the meals at the regulation hours prescribed by custom. To many, these meals are the chief ; to some even, the only pleasure in life.

“ We eat and sleep ; good folks, what then ?
Why then we eat and sleep again.”

This would accurately describe the whole existence of such slaves of convention. But there are many who perform much useful work who are also addicted to the pleasures of the table, and who eat and drink much more than is absolutely necessary. If they partook of nothing but absolute nutriment cooked in the simplest fashion they would not be disposed to eat too much. It is the cunning art of cookery, with its non-nutrient adjuncts of *recherché* flavours and piquant sauces that seduces them to take more than nature requires or their digestive powers can dispose of. It would be a fruitless task to try to persuade people to adopt a purely nutritious diet and to forego the non-nutrient adjuncts. They are so accustomed to the latter, that they would bitterly complain that they could not eat the unsavoury food, and would point-blank refuse to abandon what gives the sole relish to their repast. I propose to point out the toxic effects of some of the non-nutrients that are commonly taken in or along with or in substitution of really nutritious food ; but whether my doing so will have any effect in inducing them to adopt a simpler and more wholesome dietary I am not sanguine enough to expect. As a rule patients expect the doctor to prescribe some medicine which will enable them to eat and drink as much as they like without any harm to themselves ; and if the doctor, rightly divining the true state of affairs, suggests that a simpler and less abundant diet, and the leaving off of some favourite but unwholesome dietetic indulgences would do the patient more good than any medicine, he might feel inclined to resent such advice as not being what he wanted, and he might even show his contempt for the doctor after the manner of the patient in the following story : A gentleman from the north—evidently a characteristic specimen of the “unspeakable Scot” of the cross-grained English author—was persuaded by some friend to take advantage of his visit to London and consult an eminent physician of the metropolis. The great man, after hearing the

symptoms and enquiring into the habits of the patient, advised him to eat less, to drink no beer or whisky, to cease smoking, to rise early, take plenty of exercise, and altogether make a complete change in his diet and regimen. The patient rose to go. "My fee," said the eminent consultant, "is two guineas." "What for?" said the patient. "For my advice," said the doctor. "But," said the patient, "I don't intend to take your advice, so I won't pay you anything." And the doctor was left lamenting the patient's want of appreciation of his honest and excellent but unacceptable advice. It would be hard upon doctors if patients were to form their own estimate of the value of the medical advice given, and bestow or withhold the fee according as they intended to take or neglect the advice. If that plan were to be generally adopted without protest, we might eventually see patients who were, or who fancied themselves, worse from following the doctor's prescriptions, demanding back the fees they had given for advice they had followed with such unsatisfactory results. But, fortunately for us, we have not yet arrived at the time when the doctor's advice shall be estimated and remunerated at its intrinsic value, as though it were like material goods bought at a shop. Physicians in the present day are not held in the same esteem as their forbears enjoyed, they have so much greater rivalries to encounter. Multitudes of possible patients are attracted by the promises of the professors of "Faith Healing" and "Christian Science," and by the quack-medicine industry. I have not been able to escape infection by the epidemic of "fiscalitis" now rampant in this country, and, although it is not usual for doctors, who are the most cosmopolitan and unemotional of men, to profess strong political opinions, as a patriotic imperialist and in a certain sense a "producer," I am decidedly in favour of "protection" for my own business; while, as a consumer, I remain a convinced "free-trader" in respect to the wares of all other producers. With these sentiments, I claim from an enlightened Government protection from the fiscal wiles of the manufacturers of quack medicines, who "dump" down, *coram populo*, their worthless imitations of true medicine, and scatter flamboyant advertisements recording "marvellous cures" of all diseases from corns to cancer in every newspaper and magazine, on street hoardings, in railway carriages and stations; and

disfigure our landscapes with monstrous boards inscribed with recommendations to try their infallible pills and syrups. The modest and long-suffering representatives of legalised medicine, to whom the slightest approach to *réclame* is forbidden by their own self-denying ordinances, see their patients in *esse* and *posse* alienated from their legitimate advisers by the specious promises of the advertising quacks, and are powerless to stay the evil. Surely the legally qualified members of a useful profession are as well entitled as the makers of mere goods to some "preferential tariff" to protect them from the ruin with which they are threatened by the "free imports" of the spurious remedies of unlicensed practitioners. But no Government will ever grant to our most important and indispensable calling the protection some governments are willing and eager to accord to the representatives of the *labor improbus* of manufactured goods and even raw materials; so we must fight for our own hand, or rather we must grin and bear our unprotected yet not altogether unhappy lot.

Faith in medicine is much weakened by the confident assertion of the bacteriologists, who claim to be the true exponents of medical science, that diseases are caused by the ubiquitous microbe, and can only be cured by some wonderful antitoxin prepared and administered by an expert, *i.e.*, by a bacteriologist. Then modern surgery is no longer the handmaid, but the successful rival of therapeutics, and patients are only too willing to consent to the rapid and painless removal of an organ, which thenceforward will give them no trouble, rather than permit a physician to try to cure it by the slower and more uncertain action of medicine, with the ever-present liability to a recurrence of its malady.

But I am rather diverging from my theme, which is concerned with the articles of consumption which are not food, but which are taken with or instead of food. The most used of these is undoubtedly alcohol in its various disguises, as wine, beer, spirits and liqueurs. There is no need to dwell on the deleterious effects of alcohol. It is not a food, does not facilitate, rather retards, digestion, and serves no useful purpose either when drunk with or without food, or when mixed with food, as it often is by way of improving or flavouring many dishes. Alcohol has of course a very limited use as a medicine; it is

only in novels that it performs those wonderful cures which excite the doctor's envy. The regular use of alcoholics, even in moderate quantities, is unfavourable to longevity, as the statistics of insurance offices which offer special terms to abstainers prove, and it is the cause of many of the diseases that afflict humanity. Unfortunately it is to many pleasant to taste, and liked for its stimulating properties. When we reflect on the fact that the people of this country spend £180,000,000 on this poison, which does them no good in small quantities; impairs digestion, deranges the circulation, slowly undermines the functions and the integrity of liver and kidneys, and is a prolific cause of gout, rheumatism, pulmonary delicacy, and premature death in so-called moderate quantities; whilst it is the frequent cause of incurable disease of liver, kidneys, lungs, heart, and nervous centres, and is the most fertile cause of domestic unhappiness, poverty, crime and insanity when taken in immoderate quantities, we should welcome every effort to diminish and even to abolish the use of such an enemy to the well-being of mankind. But the attempts made to check the consumption of alcoholic drinks have hitherto met with little or no success, for the money spent on this pernicious liquor increases from year to year; and though temperance societies abound, the consumption of alcohol per head of the population grows every year greater, and the only people who profit by it are the brewers, distillers, wine merchants, and their satellites the publicans and grocers, and perhaps I should add the doctors and the quack-medicine vendors, whose business would decline if the people became more sober. The medical faculty have always disinterestedly sought to prevent diseases, the treatment of which is the source of their own livelihood, and have, with few exceptions, persistently pointed out the evils of alcohol-drinking, and endeavoured to promote abstinence from, or extreme moderation in the use of intoxicants; but in the face of the above facts it must be confessed that they have not been as successful as could have been desired.

Alcohol is not drunk pure. It is usually mixed with something to disguise its taste, to mitigate its harshness, or to render it more agreeable to the palate. In beer it is made bitter by hops, which have medicinal and therefore toxic properties of their own, which no doubt add to the hurtful effects of drink. The narcotic action of hops

is well known; a hop-pillow is frequently employed to induce sleep in persons suffering from insomnia. The hop is not now used as a medicine, but formerly it was, and if medicinal in appropriate cases, it must be pathogenic if taken largely when not indicated. At all events, it adds to the soporific quality of the alcohol in beer. Probably its specific name "*lupulus*," i.e., "little wolf," implies a suspicion of its hurtfulness, and possibly some of the evil effects of beer-drinking may be owing to its presence in the liquor. Arsenic, with which beer is often contaminated, and whereby its consumers are poisoned, cannot be considered as a necessary or designed constituent of beer, but has gained admission to it by accident or carelessness, so I only mention it here in order to point out that philanthropists who are accused of wishing "to deprive the poor man of his beer," may really be unconsciously endeavouring to prevent the poor man being poisoned. A commission lately appointed to report on the subject, tells us that arsenic is found in many kinds of food and drink, sometimes in quantities sufficient to cause poisonous effects. They recommend that no article of consumption should be allowed to be sold that contains more than $\frac{1}{1000}$ th of a grain of arsenic in a gallon of liquid or a pound of solid food. Methinks it would have been better to prohibit the sale of all articles of consumption containing any arsenic at all, as the quantity they allow would certainly cause toxic effects in some susceptible individuals.

Wines owe their morbid effects and characteristic action to the alcohol they contain, which is produced by fermentation in the grape-juice of which they are generally composed, or by added alcohol in the stronger sorts. The ordinary spirits, such as brandy, whisky, rum, gin, arrack, etc., are merely diluted alcohol variously flavoured, and are pernicious in proportion to their alcoholic strength. The liqueurs, such as curacao, noyau, chartreuse, benedictine, cherry brandy, sloe-gin, kirsch and the rest, are strong spirits sweetened and flavoured with more or less innocuous additions. Probably the most noxious of these is absinthe or vermouth, which has the deleterious action of its alcohol intensified by the admixture of worm-wood, the *artemesia absinthium*, a plant which has a baneful effect on the brain and spinal cord, and is a frequent cause of epileptiform convulsions, loss of memory, and even

idiocy, in those addicted to its use. Though some persons can take alcohol in considerable quantities and for prolonged periods with apparent impunity, its pernicious effects on many are so well known that it would be more prudent to avoid it altogether, whether during meals or at any other time. I know this is a "counsel of perfection," that will be generally disregarded, but I give it as my honest opinion—*valeat quantum!*

The use of Salt as an adjunct to food is nearly universal, and has been practised from the most ancient times—we have seen that it was the only condiment used at the Homeric feasts. We are so accustomed to it that to most of us our food would be quite insipid without it. Though a non-nutrient mineral, it is doubtless a necessary addition to nutrient food. Most animal foods contain a quite sufficient amount of salt for the requirements of the body, but vegetable foods are often destitute of any saline constituent, and require it to be artificially introduced. Accordingly, while carnivorous animals do not care for salt, graminivorous animals are quite fond of it, and stock-breeders see that their cattle, horses, and sheep are supplied with it. And yet, apparently so necessary for the digestion and assimilation of our food and for the repair of our organs and tissues, and so innocuous when taken in small quantities, salt can and does cause a good many pathogenic effects when taken in excessive quantities. When from lack of fresh food the diet consists chiefly of salted meat or fish, scurvy, and if we are to credit Mr. Jonathan Hutchinson, leprosy is apt to ensue. But there are many persons who eat an excessive amount of salt without being obliged to do so, just because they like the taste, and they will sprinkle all their food, even their bread and butter, plentifully with this mineral. This often causes disagreeable symptoms. Liedbeck says it causes pain after eating, foetor of breath, fever, thirst, and soreness at the corners of the mouth. Burnett believed that excessive salt-eating was responsible for cataract and premature senility. I have found that some who indulge in eating too much salt are liable to a peculiar dry annular eruption, especially on the lower parts of the abdomen, the insides of the thighs, and the scrotum, and that an extreme liability to catch cold is sometimes connected with this habit. Dr. W. B. Parsons considers it certain that the long-continued and excessive

use of salt will cause irreparable injury to the brain, indicated by loss of memory, convulsions, vertigo and hallucinations. Many other observers have recorded other disagreeable effects from the same cause. On the other hand, complete deprivation of salt has been held to be the cause of scurvy and tape-worm. On the whole, the evidence is in favour of the injurious effects of excessive salt-eating, and it would be only prudent to avoid taking with our food more salt than the system requires, which is a very small quantity.

There are substances used in the preparation of food which are of a medicinal, and therefore toxic character. Such are pepper, cayenne, mustard, nutmeg, pimento, cinnamon, horse-radish, tarragon, vanilla, garlic, saffron, turmeric, cochineal, etc. But these things, mostly used for flavouring or colouring food, are generally employed in such small quantities and so rarely that they seldom produce any of their pathogenic effects in those who use them. I have known cinnamon, in a cake strongly flavoured with it, produce some symptoms of a very disagreeable character. Vanilla, as Hahnemann told a friend of mine, caused in him some untoward symptoms. C. Hering told me that he could not take mustard with his beef without suffering for it. But most persons can take these condiments in their food with impunity.

Tea is in no sense a food, it is only a medicine, and, like all medicines, when taken in excessive quantity, causes various derangements of the health, such as dyspepsia, neuralgia, neurasthenia, palpitation of the heart, and insomnia. When our great fiscal revolutionist proposes to make up to the working man for his dearer food by giving him cheaper tea, that is something like giving a stone to him who asks for bread, which is not a very commendable transaction. The milk and sugar, with which tea is usually combined, render the combination to a certain extent nutritious, but the tea in the compound does not contribute to its nutritious property, though the adjuncts may diminish the toxic properties of the tea. But, with or without the milk and sugar, tea is undoubtedly the cause of much ill-health in many who indulge in it immoderately, and there are many who cannot drink it even in moderate quantity without suffering.

Coffee is not a nutriment. Its toxic properties are

even more pronounced than those of tea, and are of much the same character. Many, of course, can drink it with impunity, but it has distinctly toxic effects on some people. Hahnemann has given a detailed account of its injurious effects on those who indulge unduly in it. He would have greater opportunity for observing its effects in Germany, than we have here, as coffee is almost an universal beverage in the Vaterland, and tea, in his day, was hardly used. It is probably chiefly owing to Hahnemann's denunciation of tea and coffee that his followers were led to substitute for them cocoa, which is not known to cause any serious derangement of the health, though many dislike its taste. Though cocoa contains an alkaloid almost, if not quite identical with those of tea and coffee, it acts more as a food than a stimulant, probably owing to the fat and albuminous matter it contains. Hahnemann says it is a pure food. In the form of chocolate highly flavoured with vanilla or other spices it may, as Hahnemann asserts, be prejudicial to some sensitive persons.

Paraguay tea or Maté, an infusion of the dried and powered leaves of the *Ilex Maté*, is not much used in this country, though an attempt is being made to substitute it for tea and coffee. It is a general beverage in Paraguay, Argentina, and other parts of South America. It is no doubt medicinal, and not nutritious. It has a remarkable stimulating and sustaining effect, and it enables workmen to perform a great amount of hard labour without food. These properties show that it acts energetically on the nervous system, and though we know as yet little about its pathogenic powers, these must be considerable, and must render it a dangerous beverage for sensitive subjects.

Coca, which is, or perhaps it would be more correct to say was, much used in the form of coca-wine, is well known to the homœopathic world under the name of *Erythroxylon Coca*, is a very powerful medicine, and is equally well known to all medical men by its powerful constituent, cocaine. Its prolonged use in combination with alcohol must be dangerous.

Tobacco is not, of course, precisely of the same character as those substances I have been considering, as it is not consumed as an ingredient of food; but as it is taken into the system through the same channel as that by which food and drink enter, and to a certain extent takes

the place of food, it could not very well be omitted from a paper of this sort. Smoking, chewing, and snuffing are the modes adopted for its consumption. Snuffing does not come into consideration here; snuff has often caused accidents by being adulterated by poisonous substances. Chewing is not much practised, except by sailors. I am not aware that serious injury to health has resulted from the nasty practice; but I can easily imagine that with his mouth occupied by a big quid, Jack may be unable to swear at the hardships of his lot as much as he would like to. It is chiefly by smoking that tobacco obtains admission into the human organism. At first it causes in the neophyte or at least in most beginners, much nausea and discomfort, but these gradually subside, as the smoker perseveres with its use, until at last its soothing and comforting action is only experienced. Those who smoke enormously or who are peculiarly sensitive to its toxic action, often suffer from distressing palpitation, loss of appetite, and a peculiar kind of amaurosis, owing to white atrophy of the retina, and even from angina pectoris and paralysis. Teste says: "All smokers of long standing, or almost all—for I admit exceptions—have their slight or severe ailments, which would immediately cease were they to leave off smoking." There are many persons who—some of them in spite of their desire to become smokers—can never get over the pathogenetic effects of tobacco, and are consequently for ever debarred from experiencing its soothing joys. On the other hand, there are some who seem to be able to smoke perpetually without apparent injury. There are many varieties of tobacco, some containing a large amount of the poisonous alkaloid, nicotine, others almost destitute of that constituent. Cigarettes, which are the form most used by perpetual smokers, are usually made of tobacco of the mildest character, containing a very minute quantity of nicotine. But the cigarette smoker often makes up for the mildness of his tobacco by inhaling it into his lungs. By thus exposing a larger surface of his mucous membrane to the smoke, he gets more of the nicotine into his system than he would by the ordinary method of limiting the smoke to contact with the membrane of his mouth and nose. The amount of tobacco consumed in this country every year increases considerably. A few years ago there were few women who smoked, and



they were chiefly old, "tobacco for the auld wives" as the old song says, but now many young ladies have taken to the practice, though it will probably be some time ere they can rival their Spanish and Russian sisters in this not very commendable accomplishment.

I do not expect to wean people from the universal habit among civilized nations of mixing their food with substances that are not nutritious; nor would I wish them to resort to the carnivorous monotony of the Homeric age. I have only attempted to indicate some of the common additions to real nutriment which are not nutriment, but which act on quite different organs and nerves than are concerned in the functions of digestion and assimilation, and which may produce undesirable symptoms and sufferings, which may be remedied by abstaining from the use of these non-nutrients. Medicine will be of no use for the removal of morbid states caused by the habitual indulgence in substances which exert a toxic action on the system, either by their intrinsic pathogenic power or by their excessive quantity, and it is the duty of the physician to ascertain whether his patient's ill-health may not be owing to his use of one or other of the innutritious but pathogenic articles that are taken with, or as substitutes for real nutriment.

In this article I do not speak of the toxic substances with which food and drink are often contaminated, some purposely, others accidentally, such as alum in white bread, salicylic and boric acids in milk and cream, ptomaines in tinned meats, copper in green peas and in food cooked in dirty copper saucepans, lead and zinc and pathogenic bacteria in water, various metallic and other poisons in wine and sweetmeats, the virus of the bee in honey, arsenic in beer, and various fraudulent adulterations of food with unwholesome substances. These belong to quite another category of the noxæ to that we have been considering, and as they often cause serious ill-health and sometimes even death, they are well worth the attention of medical men engaged in endeavouring to unravel the causes and mysteries of disease.

ON RUPTURED TUBAL GESTATION, WITH ILLUSTRATIVE CASES.

By GEORGE BURFORD, M.B.

Physician for Diseases of Women to the London Homœopathic
Hospital.

RUPTURED Tubal Gestation is rightly regarded as one of the direst catastrophes to which a woman is liable during her reproductive life. The suddenness with which this mischance may strike and kill may thus be evidenced. A lady of our acquaintance, not knowing herself to be pregnant, in that she had missed no period, breakfasted in her usual health on a Sunday morning. That evening she lay dead from a ruptured tubal gestation. The cycle of events—the internal hæmorrhage—the sudden syncope—the operation in inexperienced hands (telegrams and railway journeys were difficult on a Sunday in the country), the shock from which there was no rallying—the fatal issue—all passed within the hours of light of a single day. Like appendicitis, tubal gestation is in point of frequency a modern innovation. Like appendicitis, it was thirty years ago a museum specimen of rarity. Now it has sprung almost to the forefront of the acute crises of feminine reproductive life, and many specialists of experience recount their cases by the score, some even by the hundred.

Fortunately, this disaster has grades in its intensity; it is not always *foudroyant* in its occurrence. In some cases it may occur without being suspected, wearing the aspect of a subacute attack of peritonitis of doubtful origin, from which the patient entirely recovers. In other instances, the nature of the illness is diagnosed with some probability, but as the early acute crisis is not repeated, and the clinical course is that of tardy recovery, no absolute verification is obtained. But in a third type, the classical signs and symptoms of ruptured tubal gestation are present, and their import is unmistakable; here swift and adequate interference is necessary, for delay spells death.

The cases here narrated are fairly typical in tances of the graver forms of this abnormal state of pregnancy. They further illustrate the alternative methods of treatment which may be adopted. In each case the signs

and symptoms, and the gravity of the condition, are succinctly stated.

Acute abdominal pain and syncope during early pregnancy : diagnosis of ruptured tubal gestation with hæmorrhage ; operation ; rapid and unbroken recovery.

In the afternoon of November 12th, 1903, I received an urgent request from Dr. William Ross, of Northampton, to leave town at once for consultation with him on a case of suspected ruptured tubal gestation, with a further suggestion to be prepared for immediate operation. I accordingly asked Dr. James Johnstone, my skilled and valued coadjutor in hospital practice, to accompany me for operative assistance.

The history, as given by Dr. Ross was clear and precise. The patient was a lady æt. about 30, having had two children, the youngest about one and a half years ago. She had again become pregnant about two months since, and, without any previous distress, was suddenly seized with acute abdominal pain and nausea during the night. Dr. Ross, on being hastily summoned took measures to allay the urgent symptoms, but found it necessary, a few hours later, to take a serious view of the condition. Increasing pallor and faintness were present, and, taking the whole condition into account, it was obvious that internal hæmorrhage had occurred. Pelvic examination not negating this view, and consultation further strongly supporting it, it was decided to call in the assistance of the specialist.

When we saw the patient, it was clear that the condition was critical. The lady, though quite conscious, and having lost for the nonce the acute pain, showed obvious pallor, had a somewhat quick pulse, and was plainly very ill. Abdominal examination elicited indefinite percussion dulness in the lower abdomen, and pelvic examination indicated a slightly enlarged uterus, with less mobility than customary, and indistinct signs of resistance in the *cul-de-sacs*, with a little distress on examination. Other abdominal signs or symptoms there were none, and the physical finding, though not positive in its results, was yet quite in keeping with the import of the symptoms

and history. On consultation, after diagnosis and alternative procedure had been discussed, it was decided to strongly advise abdominal operation forthwith, the former diagnosis of ruptured tubal gestation being confirmed. Well was it that we did so, for during the consultation, and following the exceedingly gentle examination, a renewed sensation of local distress and general faintness was experienced, serving to emphasise our advice for immediate surgical relief.

The patient's consent, supported by the intelligent concurrence of the friends, was at once obtained. Dr. Ross anæsthetising, and Dr. Johnstone assisting, I opened the abdomen, recognising before incising the peritoneum the blackish hue of the abdominal contents underneath. Directly the serous membrane was divided, fluid blood gushed forth; the uterine appendages were quickly examined, the source of the bleeding was found on the right side, and this area forthwith clamped and ligatured. The dilated and ruptured tube, with a small foetus depending therefrom, was removed, and some handfuls of clot cleared from the abdominal cavity. The right ovary remained intact. The peritoneum was well irrigated with sterilised water to free it from the diffused extravasated fluid blood, and the abdomen closed in the usual way.

Though all preparations had been made for transfusion, this fortunately was not distinctly requisite. Convalescence was easy and unbroken; about the twelfth day the sutures were removed; during the end of the third week the patient commenced to sit up, and five weeks after operation, left her room to rejoin, under limitation, the family circle.

Here the grounds for diagnosis of a tubal gestation that had ruptured were briefly these:—

- (1.) The consciousness of a pre-existent early pregnancy.
- (2.) The sudden occurrence of acute and quite unusual abdominal pain.
- (3.) The development of persistent pallor, faintness, and quick pulse, as symptoms of internal hæmorrhage.
- (4.) The non-enlargement of the uterus to the dimensions of a normal pregnancy of twelve weeks duration.

In this case two common collateral signs of extra-uterine pregnancy were absent throughout; there was

no uterine bleeding, no decidual membrane or shreds of membrane were passed.

Acute abdominal pain after one missed period ; interval of three weeks ; recurrence of intense abdominal pain attended by syncope ; subacute peritonitis ; profuse uterine hæmorrhage at the time of crisis ; normal period supervening the next month.

I was consulted by letter by one of our esteemed colleagues a long distance from town, regarding the illness of a patient, concerning whom he was feeling much anxiety. The history was most succinctly given, and in itself was quite sufficient to warrant the diagnosis.

The patient was a married lady who had had three children, the last confinement being three years ago. The general health was good, until, one period being missed, she was suddenly seized with an attack of severe pain in the hypogastrium. This crisis in due time subsided, and all went as before until three weeks later, when a second acute seizure of abdominal pain took place, this time of a more intense and a more deadly character. Following the pain, syncope occurred, and the next ensuing physical development was a local sub-acute peritonitis. Uterine hæmorrhage, absent for seven weeks, now set in profusely, but no membranous shreds were noticed in the flow.

Local pelvic examination at the time gave no definite results, but, repeated at a later date, when all acute symptoms had quite subsided, an irregular swelling to the right of the uterus and in Douglas' pouch was clearly made out. The swelling was only slightly tender and fairly firm, and there was no sense of complete fixation conveyed. The diagnosis was that of ruptured tubal gestation with resulting hæmatocele.

The patient, now suffering no pain or inconvenience, was nevertheless kept strictly to bed, and local examination a month later gave much the same physical finding as before. The uterus occupied a normal position, was freely movable, and not sensitive to pressure. In Douglas' pouch there was still found an irregularly-shaped firm, insensitive mass, slightly less in bulk than on previous examination.

A normal menstrual period occurred a month after the critical hæmorrhage, and has been repeated once and again.

In three months after the tubal gestation had been summarily cut short, the lady left her bed; for some time there had been no symptoms of local pain or distress of any kind, and only the physical state displayed on examination called for a policy of *quieta non movere*. But the time came at length to recommence the activities of life, and the patient, gradually regaining health and vigour, has experienced no further perturbation of sensation or function.

Arnica and *Sulphur* were prescribed, and taken for some time from the second month after the mischance. In this instance the diagnostic indications were:—

- (1.) The existence of early pregnancy.
- (2.) The sudden onset of acute abdominal pain.
- (3.) The sudden symptoms of acute internal hæmorrhage, with syncope.
- (4.) The physical signs, ill-defined at first, clearly marked as time elapsed.
- (5.) Uterine hæmorrhage, at an irregular time.

Neither in this nor in the preceding case were decidual shreds or membrane expelled. The uterine hæmorrhage occurred not as is customary, preceding the course of rupture, but immediately after.

Ruptured tubal gestation with irregular uterine hæmorrhage may readily be misinterpreted as an ordinary case of abortion, especially should the patient survive the critical symptoms—construed as due to the hæmorrhage—of the rupture-period. Or, as the embryo is not expelled *per vias naturales* and the acute crises of internal hæmorrhage are recovered from, the patient may still consider herself pregnant, especially should the menstrual period not soon return. Such a case will be found described in full detail by me in Vol. ii. of the *London Homœopathic Hospital Reports*. The patient was under the care of, and the actual condition detected by, my esteemed friend and colleague, Lt. Col. Deane, R.A.M.C. I removed a dead foetus, certified by Mr. Bland Sutton as twenty-two weeks old, from the abdominal cavity. The patient made a good recovery.

ENERGY IN ITS RELATION TO DRUG-ACTION.

By JOHN M. WYBORN, F.C.S.

THE following communication, in reply to Dr. Percy Wilde's paper on the same subject in our last issue, has been received by us, with the following prefatory note :—

To the Editors of "The Monthly Homœopathic Review."

DEAR SIRS,—For a similar reason to that given by Dr. Percy Wilde in your last issue, I venture to ask the favour of a reprint of a letter of mine which appeared in the *Hahnemannian Monthly* for September last.

The substitution of the word "colorimetric" in the *Hahnemannian Monthly* for "calorimetric" quite alters the meaning of my remarks. The following is a copy.

Yours faithfully,

JOHN M. WYBORN.

To the Editor of the "Hahnemannian Monthly."

DEAR SIR,—In reference to the very excellent paper by Dr. C. Wesselhoeft concerning Dr. Percy Wilde's article on "Energy in its Relation to Drug-Action," published in your July issue, and in view of the varying results obtained from the same experiments, the following questions arise with respect to the triturations of the organic compounds selected for illustration, viz. :—

1. The energy exerted in triturating glass of any description with a hard pestle and mortar would be converted chiefly into heat by the severe friction, and the presence of a soft organic substance might lead to the development of electricity, though probably not in any assignable quantity. Were any calorimetric determinations made during the experiments, or was an electrometer used in order to ascertain whether the known effects of these forms of energy on the substances operated upon would explain or modify the conclusions arrived at ?

2. There is a vast difference between triturations made in different ways. Not only are those made by hand by a powerful operator, in my experience, superior to those made by machine, however perfect, but these preparations vary greatly with the conditions under which they are prepared. Thus a small quantity of material in a large mortar passes much more frequently under the pestle (especially in hand trituration) than a large quantity in a small mortar. Dr. Wesselhoeft does not mention whether machine or hand trituration was resorted to by him, but presumably he would have employed the former method, and, assuming that he did so, would the degree of friction produced be so far different

from that occurring in Dr. Percy Wilde's experiments as to offer an explanation of the varying results? Since both indigo-blue and aniline-violet are liable to charring and decomposition at a comparatively low temperature, the latter becoming insoluble, these questions are important, as the triturated products may vary from the untrituated in chemical composition. The following experiment will form a rough check-test and illustrate this, viz.: Take 10 grains only of milk-sugar and 90 grains of fine, hard glass; triturate by hand for one hour, using a hard composition pestle and mortar, the latter having an inside diameter of at least 9 inches, and bringing all the force possible to bear upon the mixture. If 10 grains of the completed product be well shaken with 1 drachm of distilled water in a narrow test-tube, and allowed to settle for several days, the supernatant liquid will appear yellow or yellowish-brown. If a second decimal trituration be then made under the same conditions and similarly treated, the supernatant liquid will present a still deeper brown colouration.

As a control-test, the pure glass triturated in the same manner, and agitated with distilled water, should be compared with the other preparations.

Milk-sugar is, however, protected to some extent from the charring effect of this treatment by water of crystallization.

Other amorphous organic products, and those devoid of water of crystallization, suffer more readily from the operation.

3. The finely-divided particles of aniline-violet would present very favourable conditions for the operation of a small quantity of a reducing agent existing as an impurity in alcohol, with the result that the colour might be discharged from the solution as in Dr. Wesselhoeft's experiment. Was the alcohol which was thus employed entirely free from aldehyde?

As Dr. Wesselhoeft observes, "There are many unsolved questions connected with this subject."

Some forty years' experience of the preparation of triturations has forced me to the same conclusion as Dr. Wesselhoeft, namely, that the most perfect "mortar-grinding is able to reduce only a moderate proportion of the substance to be ground to its finest particles." "Comminution progresses very slowly" with many substances.

Yours faithfully,

JOHN M. WYBORN, F.C.S. (London).

The subject under discussion is a very important one, and we shall be glad to receive any further communications which will help to stimulate the points at issue.—(Eds. *M.H.R.*)

REVIEWS.

Life and Work of James Compton Burnett, M.D., with an account of the Burnett Memorial. Compiled by DR. J. H. CLARKE. Homœopathic Publishing Company. London, 1904.

It is a good thing to have a permanent memorial, over and above the mere obituary notices in our journals, of men distinguished in their profession, and of a strong type of character, and no one in our ranks deserves this more than our late lamented colleague Dr. Burnett. We are glad, therefore, to see this book published. His was a very strong, individual character, full of originality and of devotion to his profession, and an enthusiast in the cause of homœopathy, the furtherance of which was his life's work. It holds up an example for our younger colleagues to follow in his footsteps. Dr. Clarke has made a most interesting and readable book, and being a great admirer of the subject of the memoir, he brings out all the fine points of his character and work. The first part, biographical, is very interesting, and though the materials to work upon are scanty, the history of his conversion to homœopathy will always read as a stimulating record of the man. Part II is entitled "Critical," and in it Dr. Clarke describes his method of work, and his aims and accomplishments in practice, to illustrate which a number of characteristic extracts from Dr. Burnett's writings are given. Part III is a history of the inception and progress of the movement, in connection with the British Homœopathic Association, to found a tangible memorial to Dr. Burnett in the way that it was rightly thought he would have most approved, namely, a Professorship of Homœopathic Practice in what we expect will develop into a College of Homœopathy. The funds for this purpose have already reached nearly £500.

In connection with this we notice that one aim in writing this book is to stimulate those who are interested in this important scheme, and who appreciate the work that Dr. Burnett did, and his powerful character, to help on the full development of the funds required to endow this chair, which is to bear Dr. Burnett's name. And we congratulate Dr. Clarke on his large-hearted generosity in stating that all profits on the book are to go to the funds of this memorial Chair. We trust that Dr. Clarke's interesting book will have a wide circulation, and be largely read, not only by the public, but by all our colleagues, who will feel the message, "Go thou, and do likewise," as a personal call to each one to use his talents and opportunities to advance the cause of homœopathy, in the fearless, independent, and uncompromising spirit so characteristic of the subject of this memoir.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the Session 1903-4 was held at the London Homœopathic Hospital, on Thursday, January 7th, at 8 o'clock. Mr. James Johnstone, F.R.C.S., Vice-president, in the chair.

NEW MEMBER.

Dr. Robert Fallon, of Green Point, South Africa, was elected a member of the Society.

SPECIMENS.

The following specimens were exhibited by Dr. E. A. Neatby. (1) An uterus showing cervical epithelioma: removed by vaginal hysterectomy: recovery; (2) A solid ovarian tumour undergoing necrotic and malignant changes, removed from a woman aged 64: recovery; (3) White and Wright's new catgut storing box. Mr. Dudley Wright exhibited: (1) A cystic kidney successfully removed from a boy age 15; (2) A large kidney undergoing necrotic changes successfully removed; (3) Mammoth calculus contained in the foregoing; (4) A hydronephrotic kidney successfully removed; (5) Renal calculi; (6) Gallstone removed from bowel in a case of intestinal obstruction.

Mr. Knox Shaw and Mr. Watkins exhibited with photographs a meningo-myelocoele from the sacral region, associated during life with talipes equino-varus and a hair field on the loin.

Drs. Burford and Johnstone exhibited and Dr. Burford demonstrated a new and improved Transfusion Case, containing instruments for (1) Subcutaneous transfusion; (2) Intravenous transfusion.

PAPERS READ.

Under the auspices of the Section of Surgery and Gynæcology two papers on the Pancreas were furnished, one by Dr. MacNish, entitled "The Pancreas, Its Structure, Relations and Physiology; and the other by Mr. Dudley Wright, F.R.C.S., entitled "Cases illustrating Pancreatic Diseases calling for Surgical Treatment." Dr. MacNish's paper dealt chiefly with the intimate relationship, anatomically and physiologically, between the pancreas, stomach, and liver functions, and their action in the various stages of digestion. Diagrams were exhibited showing the relations of the pancreas, and the importance of the proximity of the bile and pancreatic ducts. Account was also given of the different

pancreatic ferments, and their effect on the chyme passing from the stomach.

Mr. Wright's paper was a clinical one, giving an account of cases which had come under his own care for surgical treatment. These cases included pancreatic cyst; cancer (2); acute suppurative pancreatitis; chronic pancreatitis, particulars of which were given in detail. In conclusion, Mr. Wright made some observations bearing on important points in diagnosis, especially with regard to so-called fat necroses and the character of the stools in pancreatic diseases. With regard to the latter point, it has been shown that the absence of the pancreatic secretion from the intestines results in the passage of clay-coloured stools. The colour of the fæces normally is not due to bile pigments, which are all absorbable, but to an insoluble pigment resulting from the action of the pancreatic juice upon some of the colouring matter of the bile. The absence of either bile or pancreatic juice results in the passage of unpigmented fæces. Two other conditions are associated with the loss of pancreatic ferments, viz., excess of undigested muscle fibre, and fat in excess. These two signs should always be sought for when the question of any pancreatic lesion is raised.

An interesting discussion followed the reading of the papers, taken part in by Mr. Johnstone (from the chair), Dr. Dudgeon, Dr. Galley Blackley, Dr. Byres Moir, Dr. Clarke, Dr. Goldsbrough, Dr. Madden, Dr. Roberson Day, Dr. E. A. Neatby, Mr. Vincent Green, Dr. Stonham, Mr. Watkins, Dr. Hervey Bodman, Dr. Burford, Mr. Wynne Thomas, Mr. Knox Shaw, Dr. Granville Hey, Dr. Eadie, with replies by Dr. MacNish and Mr. Dudley Wright.

NOTABILIA.

OUR REVIEW.

WE have much pleasure in expressing our hearty thanks to Dr. Goldsbrough for his unfailing kindness in sending us the excellent summarised reports of the meetings of the British Homœopathic Society, which appear in our pages monthly. Also to Dr. Blackley, to whom we send our continental exchanges, and who has kindly promised to translate and extract for our pages any articles of interest which he may deem suitable. Such valuable assistance is much appreciated by us.

THE ANNUAL MEETING OF THE LADIES' GUILD OF THE LONDON HOMŒOPATHIC HOSPITAL.

Too late for notice in our last issue, the Annual Meeting of the Ladies' Guild of the London Homœopathic Hospital took place in the Board Room of the Hospital on the 17th of December, Mrs. Perks presiding. In spite of most unfavourable weather there was a large attendance of ladies, who first visited the wards and afterwards gathered in the Board Room for their meeting. Mrs. Holman, the Secretary to the Council, having read the minutes of the first annual meeting, held in December, 1902, Mrs. Perks addressed a few words of welcome to the meeting, and the second annual report was then read by Mrs. Holman, as follows:—

"The year has been marked by much activity in every branch of the Guild, and by the formation of three new branches, namely, the South Kensington, the Crouch End, and the Bloomsbury branches. The centres, four in number at the date of the last report, are therefore now increased to seven. While, however, much has been done, much yet remains to do, and it is hoped that the year 1904 may, with the co-operation of medical men and the present members of the Guild, see other new branches formed for this excellent work. The branches are as follows:—

The Hampstead Branch, August, 1901: President, Mrs. Fellows Pearson; honorary secretary and treasurer, Mrs. Kimber; membership, 107, the new members being 26.

The Highgate, Finchley and Muswell Hill Branch, May, 1902: President, Lady Tyler; honorary secretary and treasurer, Mrs. Holman; membership, 66.

The Tulse Hill, Streatham and Denmark Hill Branch, June, 1902: President, Mrs. Hahnemann Epps; honorary secretary and treasurer, Mrs. Carter; membership, 40.

The Kensington Branch, July, 1902: President, Mrs. Perks; honorary secretary and treasurer, Mrs. Spencer Cox; membership, 48.

The Crouch End and Crouch Hill Branch, April, 1903: President, Mrs. Pugh; honorary secretary and treasurer, Mrs. Algie; membership, 30.

The Bloomsbury Branch, March, 1903: President, Mrs. C. Whateley Willis; honorary secretary and treasurer, Dr. L. Cunard Harris; membership, 102.

The South Kensington Branch: President, The Lady Ida Low; honorary secretary and treasurer, Mrs. Gordon Fellowes; membership, 20.

The total membership is 413, as compared with 237 last year.

Membership of the Guild implies either a subscription to

the Hospital, through the Guild, of £1 1s. and 2s. 6d. to the Guild funds, or a subscription of 5s. to the Guild funds and the providing of at least two garments.

The report of the results in each of these ways is highly satisfactory, but it must be borne in mind that the figures, both as regards work done and financial aid given, are not for the same period of time in all cases. The Hampstead, Highgate, Streatham, and Kensington centres show a full year's work. The new branches show part of a year's work, and that part not comprising the season of the year when working parties meet. Thus the Bloomsbury Branch held their first working meeting in October, and have a large number of garments in preparation. Last year the number of things in preparation was reported, but it is thought better, in future, to give the figures only of garments actually sent in: The following is the list :—

| | Sent in 1902. | |
|---|---------------|-----|
| Hampstead | 211 | 76 |
| Highgate, Finchley and Muswell Hill .. | 66 | 26 |
| Tulse Hill, Streatham and Denmark Hill.. | 49 | 12 |
| Kensington | 100 | 54 |
| Crouch End and Crouch Hill (in preparation) | 21 | |
| Bloomsbury | 12 | |
| South Kensington | 14 | |
| Total | 473 | 168 |

This represents very much work, and it must always be remembered that these things are made to patterns supplied by the Lady-Superintendent of Nursing, many of them being large garments involving much detail in the cutting out and the making up.

The subscriptions to the Hospital through the Guild have been as follows :—

| | £ | s. | d. |
|--|------|----|----|
| Hampstead | 77 | 4 | 6 |
| Highgate, Finchley and Muswell Hill .. | 31 | 1 | 0 |
| Tulse Hill, Streatham & Denmark Hill.. | 12 | 12 | 0 |
| Kensington | 25 | 4 | 0 |
| Crouch End and Crouch Hill | 10 | 10 | 0 |
| Bloomsbury | 36 | 0 | 0 |
| South Kensington | 13 | 7 | 0 |
| | £205 | 18 | 6 |

The amount paid by the Guild to the Hospital last year was £109 13s. 6d.

And here it will be noted that the new branches have most energetically done their share of the work.

The Hampstead Branch subscribes £50 per annum for a bed, named 'The Hampstead Bed.' The Highgate Branch subscribes £35 a year for a cot in the children's ward, named 'The Highgate Cot.' The Board have now consented to the naming of 'The Kensington Cot,' the ladies of that branch subscribing the necessary amount. The Board have also, responding to the offer of the Bloomsbury Branch, consented to the naming of 'The Bloomsbury Cot,' the members of that branch subscribing the necessary amount. Thus three of the original branches and one of the new branches have carried out the full programme of the Guild, to increase the income of the Hospital, to support one or more beds, to provide clothing for the patients, and to visit the wards.

The Bloomsbury Branch also proposes to institute a novel feature, namely, the collection of a penny fund, collected by means adopted at some hospitals with success.

It is felt that this report will be regarded as highly satisfactory. The Ladies' Guild is still a young organization, and the report for the year 1902 and this report for the year 1903, show a widespread interest in the Hospital and its patients, and a very great amount of work done in the most self-sacrificing and kindly spirit. It is impossible that a Guild so begun, so energetic and so successful, should not have a most helpful and beneficial effect on the future of the Hospital and the welfare of its patients."

On the proposition of Mrs. Perks, seconded by the Lady Ida Low, the report was unanimously adopted.

The meeting then, on the proposition of Mrs. Whateley Willis, seconded by Mrs. Blackley, elected a Central Council of the Guild, consisting of the Presidents and Honorary Secretaries of each Branch, Mrs. Perks to be President of the Council and Mrs. Holman Secretary to the Council.

It will be seen that the organization has practically doubled itself in membership, subscription to the Hospital, and the amount of other practical help given to the patients.

LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Dinner of the present and past medical officers of the London Homœopathic Hospital took place in the Oak Room of the Hotel Great Central on Thursday, January 14th, under the Chairmanship of Mr. Dudley Wright, F.R.C.S. Thirty members and their friends spent a most enjoyable evening, the toasts, which were few and brief, being undertaken by the chairman, Dr. Blackley, Dr. Chapman, Dr.

Vincent Green, Dr. Madden, and Dr. Johnstone. Between the toasts entertainment was afforded to those present by music, song, conjuring and recitation, to which Mr. Penfold, Dr. Blackley, Dr. Hawkes, Colonel Deane, Dr. Spencer Cox, and Dr. Searson contributed. The evening was considered one of the most successful of these annual gatherings.

THE LONDON HOMŒOPATHIC HOSPITAL.

IN this Hospital everything is done at all times which can brighten the stay of the patients in the wards, and cheer them up by showing they are thoughtfully cared for. And when Christmas and New Year's festivities are going on outside, an especial effort is made to lessen the home-sick feeling which patients must feel who are laid up in the Hospital at that time. We take the following graphic account of the Christmas Eve and New Year's Eve entertainments from the *Charity Record and Hospital Times*, whose representative was present, and saw for himself. Such a testimony is of more value than any description of our own.

LONDON HOMŒOPATHIC HOSPITAL.

"Christmas and the New Year were kept at this Hospital in the usual way, by the decoration of the wards with evergreens and their illumination at night with fairy lights. When our representative visited the Hospital on New Year's Eve the wards presented a very pretty appearance. The children's ward, or the Barton ward as it is named, was perhaps the most charming of all. Seen from the corridor it was a veritable fairyland. At one end of the ward was a huge Christmas tree simply loaded with toys of all kinds, and sparkling with numbers of multi-coloured incandescent electric lamps. Round the ward, and in the window spaces, were hung fairy lamps, and even the double-ended stove in the centre of the ward, in which blazed two cheerful fires, was studded on top with similar lamps. The evergreen decorations (all the evergreens had been sent up by a friend in the country) in this ward were of real ivy, and had been very tastefully arranged; in fact the entire scheme of decoration had evidently been planned by some one with an eye for artistic effect. At the time of our visit the little patients (there were 22 in the ward) were having their tea, most of them having a rest placed across their cots from which they could take their food in comfort, but four of the little ones, well enough to be allowed up, were enjoying themselves immensely at a miniature table, lit by fairy lamps, placed just under the giant Christmas tree. The other wards in both wings of the building were

decorated with evergreens, and although the lighting was in some cases necessarily subdued, each ward had some additional illumination in the shape of coloured fairy lamps or Chinese lanterns. On Christmas Eve some of the nurses, headed by Sister Jessie, and accompanied on the pianoforte by Nurse Eleanor, formed a choir and visited each of the wards singing carols. The distribution of the prizes from the Christmas tree in the children's ward took place on New Year's Eve, each child receiving a toy of some kind."

Nor were the nurses of the Hospital forgotten, after their labours for the patients. A concert for them called "The Nurses' Concert" was organized, and the Board Room of the London Homœopathic Hospital was the scene on Tuesday the 12th of the above concert. A large and enthusiastic audience listened to a really excellent programme by a party of professional ladies and gentlemen who kindly gave their services. Mr. Levien (baritone) gave a very fine rendering of "Alla Stella Confidente," Señor Rubio accompanying on the 'cello. Miss Perceval Allen (soprano) sang among others "A Message of Hope," with organ obligato by Mr. Seymour Dicker. Miss Ellen Bowick's recitations ranged from grave to gay, her rendering of "when father carves a duck" being inimitable. Miss Garstin on the violin and Señor Rubio on the 'cello were repeatedly encored. Mr. Raphaël Roche presided at the piano. At the conclusion of the concert Mr. Knox Shaw thanked the artistes on behalf of the nurses and the many friends of the Hospital and members of the Staff who were present.

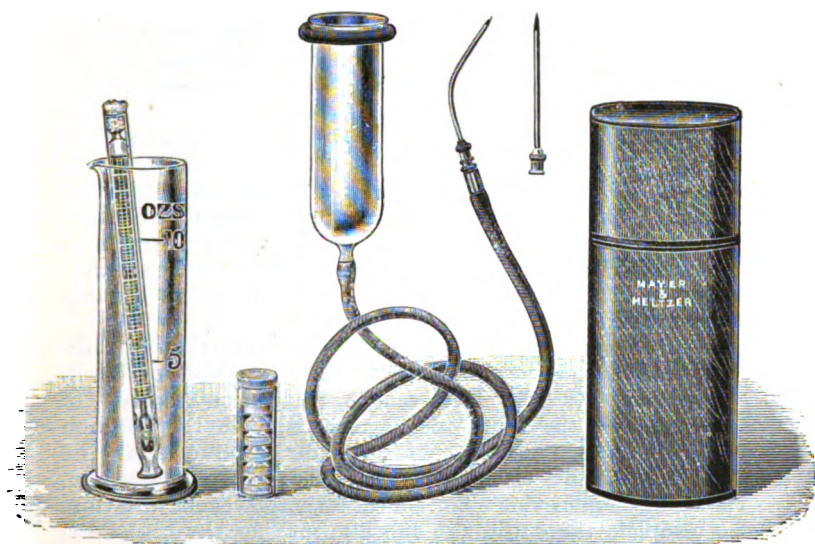
A SIMPLE, PORTABLE AND ACCURATE TRANSFUSION APPARATUS, FOR USE IN HOSPITAL AND IN GENERAL PRACTICE, AS EMPLOYED BY

GEORGE BURFORD, M.B., & JAMES JOHNSTONE, F.R.C.S., Eng.

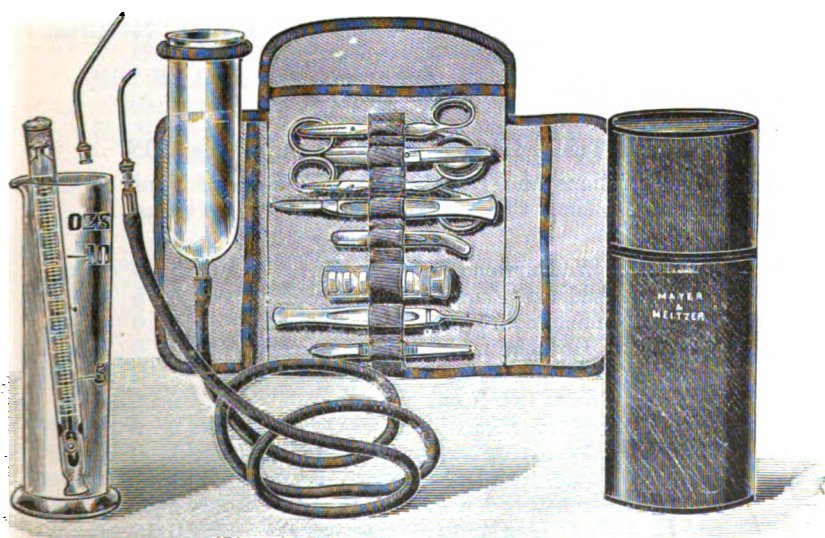
As the outcome of many successful transfusion cases, both in hospital and in private practice, this apparatus is recommended as possessing the essential qualifications for safety, ease, and readiness in practical use. In various respects it marks a distinct advance on the forms of transfusion apparatus hitherto employed.

It is equally adapted for (1) Subcutaneous, and (2) Intra-Venous Transfusion.

As used for subcutaneous transfusion, the apparatus consists of a graduated measure and saline tablets for the solution; an ingenious combination of thermometer and stirring rod is used for aiding solution, as well as keeping



I.—Apparatus for Subcutaneous Transfusion.



II.—Apparatus for Intra-venous Transfusion.

the temperature of the transfusion fluid constantly in evidence. A glass reservoir with tubing attached is provided, from which the fluid descends by gravitation; and two needles are added for leading the fluid into the subcutaneous tissue.

The advantages of this apparatus are:—

1.—It is simple in device; every part can be kept surgically clean.

2.—It is ready in application; being available for immediate use, only requiring the warm water for solution.

3.—It is safe and accurate in practice; the clearness of the fluid is viewed through the glass reservoir, and the thermometer enables the entering fluid to be kept at an equable temperature.

4.—It is easy in employment; the operation of subcutaneous transfusion thus carried out is simplicity itself.

The apparatus for intra-venous transfusion consists of that used for the subcutaneous method, with the addition of the necessary instruments for finding and opening the vein, and finally closing the incision. In this procedure, the needle employed is blunt-ended, for intra-venous insertion. To complete the outfit, the subcutaneous needles are added also.

Explicit directions for use accompany the apparatus, which is contained in a compact case of moderate size, easily finding a place in the surgeon's or obstetrician's bag.

The makers are Messrs. Mayer and Meltzer, 71, Great Portland Street, W.

BRITISH HOMŒOPATHIC ASSOCIATION.

Subscriptions and Donations to the General Fund of the Association since the last published list.

DONATIONS.

| | | | | | | |
|---|----|----|----|----|----|---|
| Dr. T. W. Burwood | .. | .. | .. | 25 | 0 | 0 |
| J. G. Addison, Esq. (Assist. Secretary) | | | | 5 | 5 | 0 |
| Mrs. de Selincourt (per Dr. G. Burford) | | | | 5 | 0 | 0 |
| A. von Hoffmann, Esq. (per Secretary) | | | | 5 | 0 | 0 |
| Wm. Caldwell, Esq. (Asst. Sec.) | .. | | | 2 | 2 | 0 |
| Mrs. Brown (per Asst. Sec.) | .. | .. | | 2 | 2 | 0 |
| Mrs. Grey (per Asst. Sec.) | .. | .. | | 2 | 2 | 0 |
| W. S. Rowntree, Esq. (per Asst. Sec.) | .. | | | 1 | 0 | 0 |
| Mrs. Young (per Dr. Spencer Cox) | .. | | | 1 | 0 | 0 |
| Col. Doran (per Dr. J. Franklin) | .. | | | 1 | 0 | 0 |
| Miss M. A. Dowland (per Secretary) | .. | | | 0 | 10 | 0 |
| Mrs. Bull, Collecting Cards (per Dr. MacMish) | .. | .. | .. | 0 | 14 | 0 |

Subscriptions.

| | | | |
|---|---|----|---|
| Mrs. Cumming | 2 | 2 | 0 |
| Dr. James Johnstone | 2 | 2 | 0 |
| A. Rowntree, Esq. | 1 | 1 | 0 |
| Mrs. Turner | 1 | 1 | 0 |
| Mrs. von Stralendorff | 1 | 1 | 0 |
| Mrs. Cator | 1 | 1 | 0 |
| Dr. E. A. Neatby | 1 | 1 | 0 |
| C. A. Russell, Esq., K.C. | 1 | 1 | 0 |
| Joseph Howard, Esq., J.P., M.P. | 1 | 1 | 0 |
| Miss Browning | 1 | 1 | 0 |
| Dr. J. T. Ashton | 1 | 1 | 0 |
| Miss M. C. Gladstone | 1 | 1 | 0 |
| Dr. J. H. Clarke | 1 | 1 | 0 |
| Mrs. Clarke | 1 | 1 | 0 |
| T. Kinghorn, Esq. | 1 | 1 | 0 |
| Andrew Eadie, Esq. | 1 | 1 | 0 |
| Daniel Hack, Esq. | 1 | 0 | 0 |
| Kelso Hamilton, Esq. | 1 | 0 | 0 |
| Rev. T. Wolseley Lewis | 0 | 10 | 6 |
| J. Mullneux, Esq. | 0 | 10 | 6 |
| Miss M. A. Dowland | 0 | 10 | 6 |
| T. W. Rowntree, Esq. | 0 | 5 | 0 |

Ladies Committee.

| | | | |
|---|----|---|---|
| Mrs. Clifton Brown, proceeds of set of dances | 20 | 0 | 0 |
|---|----|---|---|

For Medical Missionary Training.

| | | | |
|--|----|----|---|
| Miss M. A. Fenton, course (per Dr. Jas. Johnstone) | 12 | 12 | 0 |
| H. Marnham, Esq., course (per Dr. E. A. Neatby) | 12 | 12 | 0 |
| A. J. Woodhouse, Esq. (per Dr. E. A. Neatby) | 12 | 0 | 0 |

Subscription.

| | | | |
|------------------------------------|---|---|---|
| Miss Pye (per Dr. Stonham) | 1 | 1 | 0 |
|------------------------------------|---|---|---|

OBITUARY.

MR. WM. BUTCHER.

WE regret to have to record the death of Mr. William Butcher, the well-known homœopathic chemist, of Blackheath, which took place at St. Leonards, December 21st. Mr. Butcher had been in poor health for some time back, but he took an active interest up to the last in homœopathy and its advance, as shown by a letter from him which we published in a recent issue. He had been in Tasmania and New Zealand for his

health, and his letter to us, pointing out the excellent openings in these colonies for homœopathic practitioners, was the outcome of his observations there. He was trained, we believe, with Messrs. Leath and Ross, and had an excellent business as a homœopathic chemist in Blackheath since 1869. He will be much missed by a large circle of friends, and we offer our sympathy with his widow and family. The following notice of him we take from the *Chemist and Druggist* : "Mr. Butcher was a well-known homœopathic chemist, and built up an important business in homœopathics. He is perhaps best known to pharmacy, however, as the founder of the firm of W. Butcher & Sons, wholesale photographic dealers, Camera House, St. Bride Street, E.C. He had been retired from business for some time and was suffering from nervous depression. He leaves a widow and sons, two of whom are registered chemists."

MR. GEORGE CHEVERTON, J.P.

WE regret also to record the death of another of our well-known homœopathic chemists, Mr. George Cheverton, who for many years carried on a very successful business at Tunbridge Wells as a homœopathic chemist. He died on the 2nd of January. He was a member of the old Local Board, Chairman of the Tunbridge Board of Guardians, a member of the Kent County Council, and a Justice of the Peace for the Borough.

CORRESPONDENCE.

THE BRITISH HOMŒOPATHIC ASSOCIATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Now that the sessional work of the British Homœopathic Association as concerning Professional Education is well begun, I would call attention to one or two important elements in the programme. Especially would I commend the systematic lectures, now commenced, on Homœopathic Materia Medica and Homœopathic Therapeutics, to the consideration of those members of our profession who have joined the Homœopathic body since the closing of the London School of Homœopathy. For the first time in Great Britain since twenty years, there is an opportunity given to profit by a systematic course of lectures on the practice of Homœopathy. I would strongly urge all who desire that thoroughness of attainment which an academic course only can give, to avail themselves of this valuable training.

The stimulus it is desired to give to Original Research on subjects connected with Homœopathic theory and practice will, I am sure, be cordially responded to by the original workers among us. Already the incitement to throw new light on problems in Homœopathy—and they are many—has caught on; and we trust the renaissance of British Homœopathy may be rendered brilliant by the concurrent work of many men and many minds. Especially since by virtue of its resources, the Association is willing and anxious to financially assist that work and those workers who are willing to avail themselves of this opportunity. The Secretary of the Original Research Sub-Committee is Mr. Dudley Wright, 55, Queen Anne St., W., who will at once respond to all enquiries concerning the conditions of the Association's subsidies.

For the interest of those concerned in the new Missionary—non-professional—training, I may say that the lectures are being very well attended, and nearly a hundred guineas have been received in lecture fees..

I am, dear Sirs,

Yours very faithfully,

GEORGE BURFORD,

Hon. Sec. to the Committee of the British
Homœopathic Association.

NOTES OF A VISIT TO SOME OF THE HOMŒOPATHIC COLLEGES AND HOSPITALS OF AMERICA.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—I accede with pleasure to the request of the Editors to present to the readers of this journal a brief account of my recent visit to America.

Having been appointed by the British Homœopathic Association to visit that country in the dual capacity of Travelling Scholar and Special Commissioner, I sailed on September 19th on the "S.S. Minnehaha" (Atlantic Transport line) from Tilbury, and arrived at New York on September 28th.

The way had been previously paved by letters of introduction kindly sent by my colleagues.

On arriving at New York after a very pleasant voyage I found, amongst the letters brought on board, one from Dr. W. Harvey King, the Dean of the New York Homœopathic Medical College, inviting me to his house, where I spent the first week of my stay. Dr. and Mrs. King were, if I may say so, exceedingly kind and hospitable, and not only during this

week, but also throughout the entire period of my stay in America, made me look on their house as a home.

The dual purpose of my mission was in brief not only to add to my own personal knowledge by attending courses of lectures and demonstrations on Homœopathic *Materia Medica* and Therapeutics, but also to observe and report on the matter and methods of teaching adopted in the Homœopathic Colleges and Hospitals of America for future guidance in our own country.

As the Medical Colleges did not resume work until the week following my arrival, I was free to devote my first week to gathering general information regarding Homœopathy as a movement in America. For this I found my stay at Dr. King's house peculiarly helpful, not only because of the long conversations, now recalled with pleasure, which it enabled me to have with him, but because I was brought at his house, and through his introduction, into personal contact with a large number of the Homœopathic physicians and surgeons of New York, and indirectly with the Homœopathic leaders in many other cities of the United States.

Thus during my first week I learned general facts regarding the numerical strength of American Homœopathy. I gathered that there are about 15,000 Homœopathic practitioners in the United States, about 100 Homœopathic Hospitals containing approximately 8,000 beds, and about 20 Homœopathic Medical Colleges, from which about 650 students are graduated each year.

During this week I also visited the Hahnemann Hospital, 100 beds; the Flower Hospital, about 100 beds, adjoining the New York College, and where much of the Clinical teaching is conducted; the New York Ophthalmic Hospital; the Laura Franklin Hospital for children, and the Metropolitan Hospital (1,300 beds) all under Homœopathic management.

Work at the New York College began in the first week in October. During this week I attended not only the lectures on *Materia Medica* and Therapeutics, but also as many other lectures and demonstrations of the general medical curriculum as I could work in. The teaching in every department appeared to me to be generally up-to-date and of high class. Strong points are made of pathology and chemistry, anatomy and physiology are excellently taught, and the more clinical subjects, such as practice of medicine, surgery, and gynecology, are in the hands of able Professors.

An exceptional amount of attention appeared to me wisely to be devoted to instruction in *Materia Medica* and Therapeutics. These subjects are taught by several lecturers whose aim appeared to be not so much to deliver a lecture, as to

teach ; one therefore found the courses very practical, lucid, and instructive.

The lecturers invariably started by "quizzing," that is, asking questions based on preceeding lectures. As the lecture proceeded the students had no hesitation in asking questions and offering comments and even criticisms ; indeed the happy freedom of relationship which obviously existed between the professors and the students was both striking and gratifying.

The "Organon" is taught at New York College by Dr. Edmund Carleton ; each student possesses a copy, portions are read, commented and questioned on. Dr. Carleton also conducts on Saturday afternoons a Homœopathic Therapeutic Clinic, where the remedy is selected with care and precision.

Clinical Therapeutics are taught quite separately at the Flower Hospital ; a section of say four senior students is taken by the Physician to a series of cases in the wards. Histories are read of the cases, questions are asked, and the diagnosis is given, adjournment then takes place to another room, where each student is asked to name the remedy for each case seen, and give reasons for proposing it.

Wednesday afternoons are devoted to Clinical teaching at the Metropolitan Hospital.

The first six weeks of my stay were naturally spent in New York. I stayed for the most part at the Chapter House of the Alpha Sigma fraternity, 431 East 58th Street, and I am glad to have this opportunity of thanking the President and members of the fraternity, all of whom are enthusiastic students of Homœopathy, for their great kindness and friendship. Nothing could exceed the manly courtesy and consideration of the "boys" of the fraternity, and I shall always look back with pleasure and gratitude to the happy times spent and the friendships fostered there.

I was much impressed, and most favourably, by the whole body of students ; I found them keen workers and ardent homœopaths, and I could not but feel that the present strong position of Homœopathy in America must be largely due to the after practice and influence of the students trained in the various colleges.

Later, I spent one week at Philadelphia. There, there is a very strong college with a large class of students and an excellently-equipped Hospital ; the work done and the instruction given are of the highest kind, and one felt that Homœopathy has just reason to feel proud of the College at Philadelphia. I was much struck, there and elsewhere in America, by the way in which the younger men are brought to the front, and no better evidence can be afforded of the

excellent teaching which the Philadelphia College is imparting than is to be found in the cases of the young men, of whom there are several, trained in the College, and who are now in their turn able members of the teaching staff, and whose lectures are solid, lucid, and a positive pleasure to hear.

The kindness and hospitality shown to me at Philadelphia were simply overwhelming, and I feel I cannot adequately express my indebtedness to Dr. Clarence Bartlett (Editor of the *Hahnemannian Monthly*), Dr. Van Lennep, Professor of Surgery, and the numerous other colleagues who showed me so much courtesy.

I spent nearly three weeks at Chicago. There are three Homœopathic Medical Colleges there; the Hahnemann, the Chicago Homœopathic, and the Hering. At each of these colleges there is a large class of students. At the last named college great stress is laid on the teaching of materia medica and therapeutics; the lecturers being, Dr. J. T. Kent, Dr. H. C. Allen, and Dr. Tomhagan. The members of the Hering Staff were good enough to invite me to luncheon, and all appeared much interested in the account which I was asked to give of British Homœopathy. I also attended lectures at the two other colleges named. The Chicago colleagues were invariably most kind, and in addition to attending the lectures, clinical evenings, etc., I had interviews and conversations with many of them, amongst others with Dr. Gatchell, Secretary of the American Institute of Homœopathy. There were, I should also add, at Chicago many colleagues possessing honored names whom from one cause or another I was prevented from meeting personally. I thus missed seeing the President and Dean of the Chicago Homœopathic College, much to my regret. I had, however, several opportunities of meeting both socially and professionally several of the Staff of the Hahnemann College, including the President, Dr. Shears, and the Dean.

This college appears to be giving, as indeed are all the colleges there, a most excellent training to the large number of students in attendance. Co-education (male and female students) is a feature of the Chicago colleges. By a number of the students of the Hahnemann College I was invited to dinner at their most comfortable fraternity house.

Probably one of the most interesting experiences in the tour was the visit paid to Michigan University, Ann Arbor. Here I was received most kindly by Dr. Hinsdale, the Dean of the Homœopathic department of the University; Dr. Dewey, Editor of the "Medical Century," and Professor of Materia Medica; Dr. Copeland, Professor of Ophthalmology, and Dr. Westphall, and by them shown round the University.

One here witnessed the unique spectacle of Homœopathic and Allopathic students engaged in their studies side by side, and friendships, I gathered, were formed, and recognition afforded of the fact that the Homœopathic students, while remaining loyal to the special teaching of their own school, were quite abreast of their Allopathic comrades in the general branches of professional education.

On the return journey I visited Washington, a charming city, where in Trans-Atlantic phraseology the Homœopaths "ring the silver door-bells." Here there is an excellently-equipped Hospital, doing large out- and in-patient work, which is to a great extent supported by a direct grant from Congress; a site has been secured for a new and larger Hospital which is shortly to be erected. Here too, one saw and admired the beautiful statue of Hahnemann, which, artistically conceived, adorns that city.

The last days of my too brief tour were spent in New York, where calls remained to be paid, and a large mass of accumulated correspondence with American friends required clearing up. On the 11th December, the night before my departure for home, a reception was held at the Chapter House of the Alpha Sigma fraternity to wish your representative *bon voyage*. Mr. Shedd presided, a large number of students were present, and the Professors were represented by Dr. Norton, whose name is so well known in England, and to whose great kindness the writer owes more than he can say; Dr. Roberts, Registrar of the New York College, Dr. Eugene Porter, Editor of the *North American Journal*, Dr. Dieffenbach, Dr. Rankin, Dr. Wilson, Dr. Austin, Dr. Hutchinson, and many others. Kindly speeches were made expressive of the most friendly interest in the welfare of British Homœopathy. One felt most sorry when the time came to say farewell, and one sailed for home next morning, with the most cordial greetings from American Homœopaths to their British brethren.

This statement would be incomplete if I did not make mention of the great courtesy of the President of the New York Homœopathic Society, Dr. Irving Townsend, and that of the Secretary Dr. Walter Sands Mills. At their joint invitation I read a short paper before the Society explaining the object of my mission to the States.

I feel assured that any of our own colleagues who may in the future visit America will be most cordially welcomed, and that they will derive inspiration and profit from their visit; and I also felt justified in assuring our brethren across the Atlantic that we should all be happy to do our best if they should come amongst us to reciprocate to the fullest extent

their kindly hospitality and good feeling. Such intercourse cannot fail to emphasize, and if such were possible, strengthen, the ties which already bind us, brethren in a common cause.

Of the educational advantages of the experience to myself, personally, I cannot speak too highly. I feel strongly convinced that in this branch alone of its useful programme, there is sufficient *raison d'être* for the existence of the British Homœopathic Association. A yearly visit to America by some properly accredited representative of British Homœopathy cannot but result in great personal good to the one selected, and in resultant advantage to our movement, not alone in this country, but also I venture to believe to the cause in its wider aspect.

I remain,

Yours faithfully,

JAMES SEARSON, M.D.,

Assistant Physician to the London Homœopathic Hospital.

86, Wimpole Street, W. Jan. 16th, 1904.

CHINA, B.H.P.

To the Editors of "The Monthly Homœopathic Review."

DEAR SIRs,—In reference to the letter from Mr. L. T. Ashwell published in your January issue, will you allow us to point out that we did not state, as suggested by Mr. Ashwell, that during the last forty years it had been our practice to use bark guaranteed to yield 6 per cent of quinine sulphate. We are fully aware that by careful cultivation of cinchona an increasing yield of alkaloids has been in progress during that period. In reply to the question: "What can be done by the homœopathic chemist of the present day and of the future?" after intimating that during the period referred to we had employed yellow bark of the finest quality, we proceeded to state that "The kind we *use* is guaranteed to yield at least 6 per cent," etc., and though the word "now" might have been introduced to prevent misapprehension, the phrase does not justify the inferences which have been drawn from it, and the somewhat reproachful remarks based upon it, by Mr. Ashwell.

Until the third edition of the *British Homœopathic Pharmacopœia* was published, no test for alkaloid had been given in that work under "China." When our Mr. Wyborn urged the introduction of such test, it was considered by the committee that only a minimum quantity, such as that named in the *B. P.*, should be required. In spite of the strange and

contradictory replies to Mr. Ashwell's enquiries, and especially that of the "very eminent firm" he numbers "7," we can undertake to supply bark yielding 6 per cent of sulphate of quinine in any quantity likely to be required, and we have had no difficulty in obtaining it for many years past.

With regard to Mr. Ashwell's remark in reference to the *B. H. P.* that "as it stands it chiefly consists of matter copied from the old edition (1867) of the *B. P.* now out of date." only those who have laboured on the compilation and revision of the several editions of this work could fully appreciate the injustice and inaccuracy of such a statement. There are many articles contained in it upon subjects of which no published information could be obtained at the time, and original research had to be undertaken in order to complete them. Apart from "General Rules" and the special processes in Part I, there are 552 articles on individual medicines, only 175 of which can be said to contain quotations from the *B. P.*, and the "characters and tests" in these were either corrected or added to in many instances. In those instances in which quotations have been made, as stated in the Preface, "It seemed to be a work of supererogation to go over again the ground which had already been worked so well, and at so much cost of time and labour."

Of much more importance to the progress of homœopathy than even tests for chemical substances, are the identity of the processes by which they are prepared, seeing that all impurities are more thoroughly attenuated than the drug itself in the preparation of the various potencies. Obviously, therefore, the preservation of these processes, and those by which the substances used in the provings were prepared, is highly desirable, and the deviation from this rule in the latest editions of the *B. P.*, leaving the way open for the introduction of the ever-changing methods of manufacture incident to trade, is from the homœopathic standpoint much to be deprecated, as new groups of impurities are introduced thereby. Throughout the work the Committee endeavoured to give characters and tests contemporaneous with the substances used in the provings.

Mr. Ashwell would do well to point out the articles in which lapse of time has made revision desirable, at the same time bearing in mind the facts we have referred to. It would, *e.g.*, be very undesirable that "calcium carbonate" of the latest edition of the *B. P.* should be substituted for that which in Hahnemann's time was regarded as the same thing, *viz.*, "calcareo carbonica."

59, Moorgate Street, E.C.,
14th Jan., 1904.

Yours faithfully,
E. GOULD & SON, Ltd.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E.C.; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET BLOOMSBURY.—Hours of attendance: **MEDICAL** (In-patients, 9.30 Out-patients, 2.0, daily); **SURGICAL**, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. ROBERSON DAY, Dr. SPEIRS ALEXANDER, Dr. BURFORD, Dr. VINCENT GREEN, Dr. SEARSON, Mr. KNOX SHAW, Mr. J. M. WYBORN, Messrs. BURROUGHS & WELLCOME, Mr. G. A. CROSS, Mr. F. KING (London); Mr. SAMUEL ROBINSON (Birmingham); Dr. E. CAPPER (Leicester); Dr. H. NANKIVELL (Bournemouth); Messrs. THOMPSON & CAPPER (Liverpool); Dr. N. E. PAINE (West Newton, Mass., U.S.A.)

We regret that a letter from Messrs. Thompson & Capper, of Liverpool, arrived too late for insertion. It will appear in our March issue.

We regret that Dr. Speirs Alexander's "Wednesday Lecture" has been crowded out this month.

Dr. James Searson has given up his Brighton practice, and will henceforth practice in London only. His address is as before—27, Harley Street, till Feb. 8th, after which it will be 86, Wimpole Street.

BOOKS RECEIVED.

Life Work of James Compton Burnett, M.D. Compiled by Dr. T. H. Clarke. London: Homœopathic Publishing Co., 1904. *Proposed Sterilization of Certain Mental and Physical Degenerates.* By Robert Reid Rentoul, M.D. *Annual Report for 1903, of the Leicester Provident Dispensary and Cottage Hospital.* *The Homœopathic World*, January. *The Vaccination Inquirer*, January. *The Indian Homœopathic Review*, August and September. *The Indian Homœopathic Reporter*, October and November. *The Calcutta Journal of Medicine*, October. *The Homœopathic Recorder*, December. *The Newton Graphic*, December 11. *The Medical Times*, New York, Dec. and Jan. *The Pacific Coast Journal of Homœopathy*, December. *The Medical Century*, January. *The North American Journal of Homœopathy*, January. *The Clinique*, December. *The Cleveland Medical and Surgical Reporter*, Dec. *The Homœopathic Envoy*, Dec. and Jan. *The Hahnemannian Monthly*, Jan. *Leipziger Populäre Zeitschrift für Homœopathie*, January. *Allgemeine Homœopathische Zeitung*, Jan. 1 and 14. *Homœopathisch Maandblad*, December 15. *Annaes de Medicine Homœopathica*, October.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE TABLOID CASE.

WE are always pleased when we find that our *Review* is looked upon as a fair and open medium for discussion, and for the expression of the opinions of others than ourselves. We endeavour in our Editorial capacity to voice the views of the majority of our readers, but as there will always be two opinions on every subject, we are only too pleased to let the *Review* be the channel of communication for such differences of opinion, and to insert letters criticizing our Editorial remarks. In our issue for January we made some comments on the "Tabloid Case," which, as will be seen from a letter we publish in our correspondence pages, do not meet with the approval of Messrs. THOMPSON & CAPPER, who were the defendants in the action at law.

We expressed our belief, which we felt sure was a correct one, that the use of "tablets" was current in homœopathic pharmacy long before Messrs. BURROUGHS & WELLCOME registered the word "tabloid," and we suggested this as a probable reason for their avoiding the word "tablets" and for coining the new word. But as we are not chemists, and as in a legal case it is not desirable to state a fact unless we are absolutely sure of it, we thought it possible that our memory might have been defective. Hence our asking for the corroboration, or otherwise, of our belief from homœopathic chemists, who would be

sure to know the correct state of matters. We are glad to learn now from Messrs. THOMPSON & CAPPER that we were correct, and that they were in the habit of using "tablets" long before 1884, the date of the registration of "tabloids" as a trade-mark. But it is surely not quite courteously critical to say that "it is a matter of great surprise to us to find that anyone has the slightest doubt on this point." We really had no doubt, but in a legal question it would occur to anyone, we should have thought, to put it as we did till we were assured that we were correct. But it is interesting to learn that Messrs. BURROUGHS & WELLCOME "actually registered the word 'tablet' as a trade-mark, but were unable to use it as such on account of its current use at the time."

But the result of the action at law emphasizes the necessity, which we urged in our January issue, and which Messrs. THOMPSON & CAPPER also very properly urge, of using the word "tablet" on all occasions of prescribing, instead of "tabloid." This is our old word, and it rightfully belongs to us from original use, while it represents exactly what it is. If this is not systematically done, homœopathic doctors cannot get from the chemists what they want, and what they mean to order, to say nothing of their putting the chemists into an illegal position by ordering "tabloids" when they mean homœopathic "tablets." And equally is it important to correct those of our patients who speak of "tabloids" when they mean "tablets." If this course were systematically pursued for a short time, the homœopathic public would soon cease to speak of homœopathic "tablets" as "tabloids," and the confusion and difficulty therein involved would come to an end. In our own interests, in that of our patients, and in that of the homœopathic chemists, such a course is absolutely necessary, and we cannot too strongly insist on it.

But we must say we are surprised at the latter part of Messrs. THOMPSON & CAPPER's letter, in which they speak of the "gratuitous insult offered to some of our best witnesses, because, forsooth, they are homœopathic practitioners," also that there was "an assumption that the evidence of a homœopath is of less weight than that

of an allopathic practitioner," which, they say, "seems to have escaped our attention." No one would sooner than ourselves resent such treatment and strongly protest against it. But not only has it "escaped our attention," but we fail to discover the smallest evidence of it in the report, which seems to be a *verbatim* one, in the *Medical Times and Hospital Gazette* of December 19th. This journal was sent to us from Liverpool as giving a full and seemingly *verbatim* report of the trial, and we fail to perceive where the "gratuitous insult" comes in. Of course, if this report is not a *verbatim* report, it is not our fault that the "gratuitous insult" is not visible, and we never heard of it till we received Messrs. THOMPSON & CAPPER's letter. And as the "gratuitous insult" does not appear in print, we cannot see what the "lying down" means.

We also learn from "inspired" sources, though Messrs. THOMPSON & CAPPER do not allude to it in their letter, that in certain quarters it is considered that the action really was a question of homœopathy *versus* allopathy. This view we must strongly object to. It was an action by an allopathic chemists' firm against a homœopathic chemists' firm on a purely legal question of the right of the plaintiff firm to the sole use of the word "tabloid" as a trade-mark, and as representing the chemical products of one particular firm, and theirs only. It has, therefore, nothing to do with the question of homœopathy *versus* allopathy, and we protest against such an idea being entertained for a moment. Homœopathy can fight its own battles, but this is not one of them. It is simply a legal trade question. Had it been from the first looked upon in Liverpool as a trial involving the principles and practice of homœopathy, we would have expected that the active sympathy and co-operation of the homœopathic journals, of the profession elsewhere than in Liverpool, or of the British Homœopathic Association, would have been invoked before the hearing of the case. But this seems not to have been thought of.

We regret that the decision of the Court was adverse to Messrs. THOMPSON & CAPPER, and we are sorry for the pecuniary loss entailed upon them in consequence, but the whole episode is unfortunate.

THE MEDICAL OFFICER OF HEALTH, HOBART, TASMANIA.

SINCE our last issue we learn that the new Health Act has passed the Legislature, and that by virtue of it all power over the Local Health Officer is taken out of the hands of the Central Board of Health, which acted in the narrow-minded manner we have related already, and is now vested in the Chief Health Officer, Dr. ELKINGTON, who has been quite recently appointed to that post. Before the passing of the Act, however, a clause was introduced to the effect that the Chief Officer of Health can only dismiss a Local Health Officer for "flagrant disobedience of the Health Act," and "after the Local Board of Health has refused to dismiss him."

This clause, therefore, takes most of the discretionary power out of the hands of the Chief Health Officer, and in any case precludes his dismissing a Local Health Officer because he is a homœopath. This therefore terminates the contest, leaving Mr. GERARD SMITH in possession of his post as Medical Officer of Health for Hobart, and with no power to interfere with him on account of his homœopathy. We congratulate him accordingly on the successful issue of this interesting and amusing episode. We have given the full account of the contest in our January and February issues, as we look upon the question raised as not a mere local affair, but rather one that is of great practical importance for the whole Empire, for the cause of homœopathy, and still more for liberty of opinion in medicine. Every battle thus fought and won, and supported by the sympathies of the public, as shown by the local press, is a great gain for liberty of opinion, and for homœopathy in particular. It ought to have an excellent effect in bringing homœopathy to the front in Tasmania.

The Central Board of Health has itself to blame for the obloquy it has brought upon itself, coupled with such a signal failure in its tactics. It may be a satisfaction to its members to think that they are martyrs to the cause of old-school "ethics," and if they so feel, we make them most welcome to the comfort thereby experienced. They will, however, perceive that in a progressive, liberty-loving colony the public will have none of their so-called "ethics."

HÆMORRHAGES: THEIR EFFICIENT TREATMENT IN HOMŒOPATHIC PRACTICE.

By A. SPEIRS-ALEXANDER, M.D., C.M.

Consulting Physician to the Devon and Cornwall Homœopathic Hospital.*

GENTLEMEN,—Having been invited by the British Homœopathic Association to deliver the first of a series of lectures on particular problems in the science and art of homœopathy, I have thought it might be of interest to my junior colleagues, and also to any who may be seeking for information as to our special therapeutics, to give the result of some personal experiences in the management of certain diseases in which bleeding from one or another organ is a leading feature. Hæmorrhage, even in small quantities—for a small amount of blood can make a great show—is always alarming to the patient and his friends, its occurrence is usually more or less dramatic, and may be tragical. To the medical practitioner such cases are fraught with a good deal of anxiety. He has a natural desire to relieve the distress of body and mind of which the patient is the victim, and his professional reputation may depend on the success, or the reverse, with which he deals with the case. It is therefore of prime importance that he should be armed with weapons whereby he may advantageously combat such a powerful foe, and not only must he be so armed, but be able to wield his weapons well.

Such arms are amply provided by the homœopathic materia medica, and the secret of employing them consists in matching their symptom-picture to that presented by the patient. This will be accomplished, as Hahnemann long ago directed, by the comparison of the more prominent, uncommon, and peculiar features of the case with those of the remedy, and these should bear the closest possible similitude to the symptoms of the desired medicine.

Another important factor to determine is the appropriate dilution to be employed. At present, we possess no definite rule by which this question may be decided; but, in a general way, experience teaches us that, in acute cases, the medium attenuations serve us well, while the more chronic affections often demand the higher dilutions for their cure.

* Being the first of the "Wednesday Lectures" delivered at the London Homœopathic Hospital. *January 13th, 1904.*

The remarks just made will no doubt lead you to anticipate rightly that what I have to-day to bring before you will be eminently practical, being simply the relation of various cases culled from the every-day experiences of the ordinary busy practitioner, without any pretence of offering a critical dissertation on the pathological bearings of the subjects dealt with, my hearers being, I know, well qualified to do this for themselves. My object is to demonstrate how some of these critical cases have been cured, and how others of a like nature may be cured by any one willing to employ the same means.

Hæmoptysis is generally regarded as the precursor or accompaniment of pulmonary phthisis, but may likewise be due to other causes, such as purpura, hæmophilia, strain, etc. However occurring, the medical attendant is expected to stop it as quickly as possible; but the truly scientific practitioner will not be content with such an accomplishment, but will seek to cure the underlying diseased condition, of which the bleeding is the most prominent outward expression.

CASE I.—To such a case, where hæmorrhage had set in, I was called in the spring of the year 1899. The patient was a young man of twenty-three, a draper's assistant, tall, thin, and of fair complexion. A day or two before the date of my visit, after exposure to cold and wet, a cough had begun, and was attended by expectoration mixed with blood. He was in bed, looking ill and anxious, and with pulse and temperature somewhat raised. Examination of the thorax revealed a dull area at the left apex, and some moist sounds on respiration. The remainder of the chest appeared normal. In view of the recent date of the attack, its causation, the somewhat anxious state of the patient, and the character of the sputa, Acon. nap. 1x and Ipecac. 2x were given in hourly alternation, with milk diet and ice to suck. Some amelioration followed these measures at first, but the cough persisted, and after a couple of days a somewhat sharp attack of hæmoptysis occurred. A table-spoonful or so of bright blood was coughed up during the night, and was followed by small quantities afterwards. At my visit in the morning, I found the patient and his attendants in a state of considerable alarm, and after reviewing all the symptoms, I prescribed Ferrum acet. 3x, gtt. ii o.h. The effect was soon apparent, the hæmorrhage

ceasing by degrees, and with it the temperature came down, and the cough subsided. The patient was kept in bed for another week, and then went to the country for change and fresh air. While there he took *Arsen. iod.* 3x, and when he reported himself on his return a few weeks later, appeared quite restored to health, and no pulmonary lesion could be discovered. He was then able to resume his duties, and, so far as I am aware, has not had any recurrence of the lung trouble.

CASE II.—The next case I have to bring before you is also one of pulmonary hæmorrhage—this time in a female patient, Miss R., æt. sixty-five, whom I saw for the first time on July 12th, 1902. I was informed that for about a year previous to this date, she had had repeated attacks of hæmoptysis, resulting, she herself thought, from overstrain in carrying heavy weights, such as loads of coal, in the service in which she had been employed, and which she had been therefore obliged to leave. The patient seemed somewhat worn and weakly, but was fairly well nourished. Percussion of the chest-wall revealed no dulness, but on auscultation, moist râles were heard over the upper part of the left side. Temperature was about 100° F., and there was an irritating cough. The hæmorrhage had been rather severe, a considerable quantity of bright blood having been coughed up at intervals of a few hours. It had not been enough, however, to cause any marked degree of anæmia. Here again *Ferrum acet.* 3x was administered, with diet appropriate to the condition, and with a similar pleasing result as in the first case. The cough was soon allayed, and *pari passu* with its departure the bleeding ceased. Indeed, little or no blood was brought up after the first few doses of iron. Treatment was continued till the 21st July, when the lung appeared to have cleared up completely, and with the help of rest and good feeding, the patient gradually regained her usual health. She has been seen again recently, and up till now, there has been no recurrence of hæmorrhage or other pulmonary trouble.

CASE III.—The last example of successfully treated hæmoptysis I shall cite occurred in a lady, Miss C., aged forty, the patient being seen by me on 24th May, 1903. The history given me was that she had about three years previously been threatened with pulmonary phthisis, the illness from which she then suffered having been accom-

panied by hæmorrhage from the lungs. Her mother had died of consumption. Since that illness Miss C. had never been fully restored to health, having occasional recurrences of cough and expectoration, and some sweating at night. She had led a most careful life, keeping in the open air as much as possible, and sleeping with her bedroom windows wide open in all weathers. On visiting her, I found her in bed, with what she herself thought to be an attack of influenza. She was suffering from headache, pain in the back and limbs, and the temperature was 103° , with a correspondingly rapid pulse. She also complained of cough, with expectoration, and on examining the chest I found a dull area of about three finger-breadths below the left clavicle, with abundant crackling râles. This same portion of the lung had been affected during her previous illness, and evidently there was consolidation there. The type of headache and other pains, with the elevation of temperature, pointed to Gelsem. semp. as an appropriate remedy, and this was therefore given, with Phos. 4x in alternation with it, on account of the pulmonary condition. In about twenty-four hours the symptoms covered by Gelsem. had largely abated, and there was also some fall of temperature. The lung, however, continued to give trouble, and Verat. vir. 2x was now substituted for Gels., the Phos. being continued. For the next few days progress was made, pulse and temperature gradually falling, both being normal within another week. The cough, however, persisted, as well as the objective state of the lung. Now, too, the sputa began to be tinged with blood, not of the rusty colour commonly seen in pneumonia, but of a bright tint, indicating fresh hæmorrhage. As the patient seemed to be doing fairly well generally, Phos. was continued for another day. But on June 4th, after having visited her in the morning, I was sent for hurriedly later in the day, and on my arrival found that there had been a sharp attack of hæmoptysis, about half a teacupful of blood having been brought up. The patient was in a state of great alarm and nervous agitation, evidently fearing a recurrence of the bleeding. The cough being of a spasmodic character, with loose rattling in the trachea, Ipecac. 2x was now given, while, to calm the nervous system, Ignatia was alternated with it. I may say parenthetically, that I am well aware that the custom of alternating remedies is considered unorthodox by many ;

but where one medicine does not entirely cover the totality of the symptoms it has its conveniences, and answers well in practice. After all, our chief object is to cure or relieve, and one is often glad to adopt measures for this end which may not be strictly canonical. In any case the prescription was successful here, for in a few hours the patient's fears were calmed, the alarming symptoms gradually abating, and there was no return of fresh hæmorrhage. The latter having been got rid of, Phos. was resumed, and under its influence, followed by such remedies as sulphur and china, the pulmonary lesion cleared up satisfactorily. Change of air, and later in the summer, a few weeks in Switzerland, completed the cure, and when the patient was seen a couple of months ago the lung appeared to be healed. A specimen of the sputa from this case was sent for examination to Dr. Watkins, who reported that no tubercle bacilli were present in it.

For pulmonary hæmorrhage, or indeed any other lesion, there is no one specific remedy. Treatment in every case must be adapted to the particular symptoms of that case, and the drug most closely corresponding in its pathogenesis with these will be the similimum required. Moreover, the selection will not necessarily depend on the pathological condition, for it often happens that the same drug may be indicated in different morbid states, provided that the symptoms exhibited by the patient correspond with those of the drug. Thus in the first two cases cited, the pathology was entirely different, yet the same drug proved efficacious in both. In the first the lesion was of an inflammatory nature, while in the second the hæmorrhage was no doubt due to strain, occasioned by the arduous nature of the patient's occupation. The third case, again, was of the inflammatory or congestive order, but here the symptoms pointed to ipecacuanha and phos. rather than to ferrum, and consequently these were the curative remedies.

Here then is one feature of the law of similars making it of surpassing value—that even though we may not always be able to define the exact pathology of a given case, yet, if we can discover a drug which has the power of developing in the healthy subject symptoms resembling those observed in the patient, that drug will generally prove curative. It may not have been possible in proving the drug to push it to the full extent of its action, but even if the effect

produced be in the same direction as that of the disease effect, it will as a rule be found effectual.

With regard to the two chief drugs employed in the foregoing cases, the late Dr. Richard Hughes, of blessed memory, in his Pharmacodynamics, says of Ipecac., "Several authors have seen it produce epistaxis and hæmoptysis in connection with respiratory troubles,"* and it also develops a spasmodic cough, with rattling in the trachea, ending in mucous expectoration.

Of Ferrum, the same author tells us that "the provings of iron show that it determines blood to the lungs no less than to the head,"† while Hering credits it with both the causation and cure of hæmoptysis.‡ Whether the first and last patients referred to in the foregoing notes might, if unsuccessfully treated, have drifted on into pulmonary phthisis, I leave my hearers to form their own opinion.

Turning now to the subject of hæmatemesis, I have some further experiences to record.

As you are aware, hæmorrhage from the stomach is most frequently associated with gastric or duodenal ulcer. It may also be met with in other circumstances, *e.g.*, in what is known as vicarious menstruation; also, I think, at the climacteric, and in congested states of the stomach generally.

CASE IV is an example of the latter class in a patient of fifty, Miss S., who had recently passed the menopause. I was sent for one day in Jan., 1901, with a request to see her without delay. On my arrival I was shown a chamber about half filled with very dark blood which she had shortly before vomited up. She naturally looked weak and somewhat blanched, and could give little account of the attack, save that it had come on quite suddenly and without obvious cause. She had up till that day felt pretty much in her usual health, and had not suffered from gastric pain or from indigestion. Objectively all was negative, no signs of any neoplasm, or even of hepatic engorgement being discoverable. I could only conclude that most likely there was portal congestion, possibly resulting from disturbed circulatory equilibrium following the menopause, and that a gastric vessel had

* p. 569.

† p 485:

‡ Guiding Symptoms, vol. v. p. 281.

given way in consequence. Though the pathology was uncertain, yet there could be no hesitation as to the treatment. Under the allopathic system such remedies as gallic or tannic acid would probably have been given, and ergotin might have been injected subcutaneously; but while these drugs might have effected some constriction of the blood-vessels, and so have checked the bleeding, they could have had no influence on the venous engorgement which no doubt had led to the hæmorrhage. The homœopathic pharmacopœia, however, does furnish us with such a remedy—one that has the property of causing venous engorgement in the healthy subject—and therefore of relieving it when occurring as the result of a morbid process. That remedy, as many of you will have anticipated, is the witch-hazel or *Hamamelis virginica*. This drug was first introduced into practice in America, where provings were made by several persons, and notably by Dr. H. C. Preston. By them it was found when taken in material doses to induce determination of blood to the head and chest, and in two female provers it caused uterine hæmorrhage. Dr. Preston seems to have been the first to employ hamamelis for the relief of hæmorrhage, as well as for phlebitis, varicose veins, and hæmorrhoids. Since his time it has come very generally into use for these affections. Accordingly it was given in the case already alluded to in drop doses of the matrix tincture hourly. The patient was of course kept in bed, with iced milk to drink as soon as it could be borne. After the first day of the illness no more hæmorrhage took place, though the stools naturally contained some black blood on several occasions. The further progress of the case was uneventful, and need not be detailed. Suffice it to say that after a period of rest and careful dieting, the patient made a favourable recovery, and was in good health when last seen.

CASE V.—One more example of hæmatemesis will be sufficient to illustrate the action of *Hamamelis*. On 19th Sept., 1903, Mr. H. D. T., a young second-year medical student, came into my consulting-room to ask advice on account of faintness and shortness of breath. He was tall, thin, and cadaverous looking. I had known him for several months non-professionally, and had been struck with his anæmic appearance. A little questioning elicited further particulars. He had had fainting attacks for some weeks, and had found some vacation hospital

work he was doing rather fatiguing. For the last day or two also he had been repeatedly sick, and had noticed that the ejecta were dark and coffee-ground like. Questioned as to the appearance of the motions, he replied that some dark tarry-looking substance had passed. He also stated that about a year before, when at home in Australia, he had had a similar attack, and on that occasion had vomited some blood. The present illness had come on, he thought, after exposure to east wind one cold evening recently, when he was not wearing an overcoat. His appearance suggested that either he had never fully recovered from the previous loss of blood, or that some further loss had been going on, perhaps unconsciously to himself, for some time. It occurred to me that if the cause he assigned were correct, the sudden cooling of the body surface might have led to determination of blood to the internal organs, and that a gastric or duodenal vessel already weakened by the former illness had given way. The patient's pulse was rapid and irregular, and of low tension. No cardiac lesion could be detected. He was at once ordered home and to bed, Hamam. gt. i, 2 horis, being prescribed, with milk and soda water only in the way of nourishment. I visited him the following day and found him still very ill. He had been sick several times in the night, the vomited matter being markedly coffee-ground like in appearance. The tongue was coated; he still felt very faint at intervals, and had some epigastric pain. The bowels had not acted. There did not appear to have been any fresh hæmorrhage, what had been brought up having evidently been lying in the stomach for some hours at least.

On the 21st the sickness persisted, but the ejecta were now free from blood. There had been a motion containing blackened sanguineous matter. In view of the sickness, and also because often indicated in hæmatemesis, Ipecac. 2x was now given in alternation with Hamamelis. Here, however, a mistake was undoubtedly made, and one which illustrates the fallacy of depending entirely or chiefly on pathological data in drug selection. For though on such grounds Ipecac. might have been expected to relieve the sickness, yet it proved utterly useless for this purpose, the reason being that it was not indicated symptomatically, and hence time was lost. Nausea and retching, without a great deal of actual vomiting, characterize ipecac., and

the tongue is not necessarily coated. Now in the case under consideration there was not this constant nausea, but occasionally attacks of true vomiting, and moreover, the tongue was thickly coated with a creamy fur. These symptoms then corresponded with those of Antim. tart. much more closely than with those of ipecac., and when the former drug, in the third decimal dilution, was substituted for ipecac., it very soon did its work, and the vomiting promptly ceased. The tongue then began to clean, and ere long it was possible to give other food, such as light broths, farinaceous articles, and notably grapes, which were very well borne and relished. In a few days more the patient's condition had greatly improved, and with growing ability to digest food he slowly regained strength. The anæmia was of course profound, and when it was possible to stop other medication, he was on this account put on a course of Ferrum carb. sach., and on the 30th Sept. sent off to friends in the country. He remained away for the next two months, and when he returned at the end of November his mucous membranes presented a healthy red colour, the dyspnœa had passed away, the pulse was normal, and he had gained several lbs. weight. He was then able to return to work at the London Hospital, and now seems practically well.

Hamamelis is not the only remedy we possess for hæmatemesis. In all cases the treatment must be regulated by the individual symptoms presented by the case. In a general way, however, other remedies likely to be indicated are Ipecac., where with the symptoms already detailed there is vomiting of black blood and a subjective feeling of relaxation of the stomach. In purpura, and some forms of malaria, Phosphorus will be found useful, while any drug that corresponds with the sum total of the symptoms of any given case, be it nux, or arsenicum, or any other, will find its appropriate sphere of action.

The next series of cases to which I have to direct your attention illustrates the treatment of hæmaturia by the homœopathic method. The term hæmaturia of course includes hæmorrhage from the bladder and ureters as well as from the kidneys, but on this occasion I purpose confining my remarks to the latter. Bleeding from these organs occurs in a large number of morbid processes, both acute and chronic, of which some are: renal calculus, nephritis, paroxysmal hæmaturia, neoplasms, purpura,

and in connection with some of the eruptive fevers, such as small-pox and scarlatina, as well as in yellow fever and malaria. This is a formidable array of diseases, and I only regret that I have not yet had an opportunity of dealing with all of them, but the experiences I have met with have been instructive to myself, and may be to others also.

One striking circumstance can hardly fail to attract your attention; that though in each case I am about to relate hæmorrhage was a leading feature, yet each demanded a different drug for its treatment and cure. Thus there is no room for empiricism in homœopathy, though this is sometimes laid to our charge. We do not necessarily treat hæmaturia with hamamelis, for example, because it is known to be good for hæmorrhage generally; nor with ferrum, because it has cured hæmoptysis; but each case must be treated on its own merits, and in relation to its own morbid condition and symptomatology.

CASE VI.—Coming under the category of hæmorrhage, presumably due to calculus, is the case of Mr. A. L., æt. twenty-seven, which I will now relate. I was asked to go and see this patient on 2nd May, 1903, and received the following history. He had been in fairly good health till the preceding day, though rather run down from over-work in his profession of engineering. On that day, while riding in an omnibus in the city, he was suddenly attacked by very severe pain in the right renal region, extending into the groin. The pain was so intense, and made him feel so sick and faint, that he was obliged to get himself conveyed to St. Bartholomew's Hospital, there to seek relief. He was at once admitted, and received a hypodermic of morphia, which soon eased the pain. He remained in the hospital for the night, and was sent home next morning with a note from the house-surgeon saying that the case had been regarded as one of renal colic.

When seen by me the patient was free from acute suffering, but complained of pain from the right renal region to the groin whenever he made the least movement. The tongue was slightly coated, and there was some nausea. The urine passed that day was clear, and neither blood nor albumin could be found in it. There was no sediment, nor could he give any account of having himself observed any recently. If a calculus had passed he had not noticed it. There was no rise of temperature. The condition being somewhat indefinite, the only treatment

he now received was rest, suitable light diet, and Bryonia for the relief of the remaining renal discomfort. In three days' time, as he was then free from all pain and seemed to have recovered from the effects of the attack, I gave him permission to go out for a short walk. But having received an inch, he took an ell of leave, and accepted the invitation of a friend to take a long ride in the trailer of his motor bicycle. That ride was disastrous, being followed the same night by copious hæmaturia, and in view of the pain he had previously experienced, it seemed fair to conclude that the blood came from the right kidney. What had passed looked like almost pure blood, and was rather dark in colour. No crystals could be found in the urine.

The patient was now kept in bed for some days, diet restricted to milk and soda water, and Terebinth 3, every two hours was prescribed. On this treatment favourable progress was made, and though a certain amount of hæmorrhage continued for a day or two, it gradually diminished in quantity and finally ceased. The urine when tested at the end of a week was found to be clear of both blood and albumin. No calculus or uric acid crystals ever appeared, but it is possible that a small stone may have passed unnoticed when he was in the hospital, its passage causing some little laceration of the kidney tissue, which may have opened up as a result of the trailer excursion, thus giving rise to hæmorrhage. The attack naturally exhausted him a good deal, but after a quiet holiday in Switzerland, during which he took Ac. phos., he regained strength and weight, and in a month's time was able to resume his duties. Till the present time there has been no return of hæmorrhage or other renal trouble.

It may be objected that this patient might have recovered without any medicinal treatment at all, the *vis medicatrix naturæ* being sufficient of itself to effect a cure, and I am not prepared to prove categorically that such might not have been the case. What I do know, however, is that turpentine can cause hæmorrhage from the kidney, and if while taking that drug the patient recovered from the like condition, I think it may be justly credited with having at all events aided in the cure. I also know that I have seen a similar result from its use in other cases of renal hæmorrhage where the symptoms resembled those of the drug. I have also repeatedly found Terebinth very serviceable in post-scarlatinal nephritis, when the urine

is scanty and loaded with dark blood of the colour of porter. I can say with thankfulness, and not in any spirit of boasting, that I have never lost a case of this kind, and this is in direct contrast to my student experiences. I well remember the painful impression made on my mind by a case of post-scarlatinal nephritis that was brought into the hospital I was attending, and there treated *secundum artem*. The whole array of cathartics, diuretics, diaphoretics, including pilocarpine hypodermically, cupping, etc., was invoked in the patient's aid, the physician in charge of the case instructing us day by day as to the rationale of his treatment, and detailing the results he expected or hoped to obtain from each drug exhibited. Instead of the amelioration he looked for, however, the patient only grew steadily worse, the kidneys refused to respond to any of the measures employed, the urine became almost entirely suppressed, coma and uræmic convulsions followed, and death soon closed the scene.

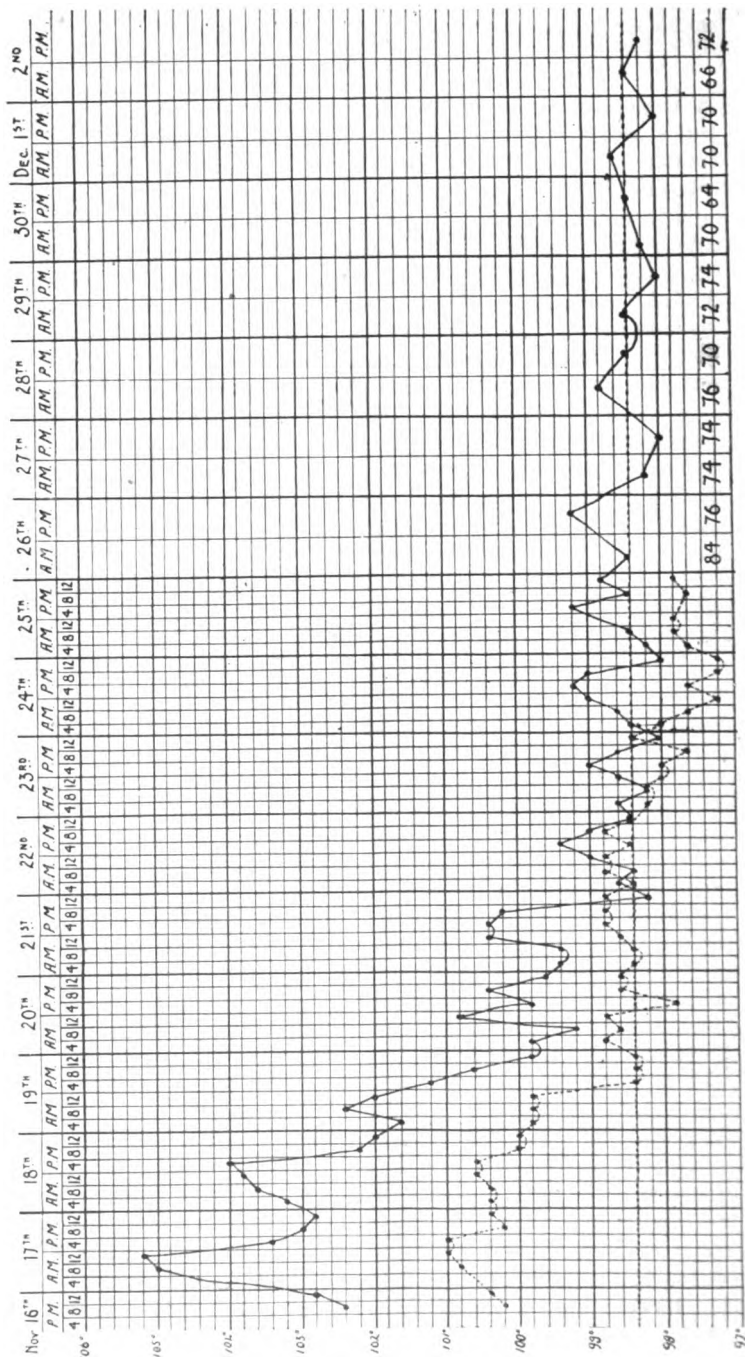
Talking of nephritis, it may be worth while here narrating some particulars of a case of this kind, characterised by hæmorrhage, which I have recently attended.

CASE VII.—R. G. D., æt. thirty-two, secretary in a Government department. This patient was kindly confided to my care by Dr. Byres Moir on 17th Nov., 1903. Dr. Moir had seen him on the morning of that day, and had found him to be suffering from scarlatina. The previous history of the patient had an important bearing on his present illness. In Feb. of the same year (1903), after exposure to the infection of scarlatina in the country, he suffered on his return to town from an acute sore throat, and felt generally ill. About a fortnight later an allopathic practitioner whom he consulted, on testing his urine found it, as the patient expressed it, almost solid with albumin. He was at once sent to a nursing home, where he remained for seven weeks, and during the greater part of that time the urine contained blood. A little desquamation took place, and it was concluded that the nephritis was post-scarlatinal. While in this home he was treated with cathartics, diuretics, and diaphoretics, felt very ill all the time, and at the end of the period was much reduced in strength. By that time the blood had disappeared from the urine, but it still contained albumin and tube-casts. He then went to his home in Tunbridge Wells, where he was attended for a time by Dr. Nield, improvement setting

in under the influence of Arsenicum. On his return to town he was referred to Dr. Byres Moir, who continued treatment successfully, so that by the month of June the albumin had been entirely got rid of.

Now comes the sequel. On 14th Nov., 1903, the patient was again exposed to scarlatinal infection, and oddly enough, in the same place as on the previous occasion. A lady and her young daughter who happened to be visiting at the same country house where he was staying, both developed scarlatina on that date. Next day he returned to London, and while in the train felt very ill, and as on the former occasion, the throat was first attacked. The susceptibility of this patient to scarlatinal poison was remarkable, it being almost unique to meet with one who, in the course of the same year, twice suffered from an attack of this fever, and both times with the accompaniment of nephritis. The stage of incubation is said to be from one to eight days, and as the second attack occurred within twenty-four hours of exposure, he evidently developed it in the shortest possible time.

When I, with Dr. Moir, saw him, the temperature was 105° , a scarlatinal rash was appearing, and the urine contained blood, casts, and about a sixth part of albumin. Bell. 1x had been prescribed to meet the scarlatinal symptoms, and on account of the state of the throat and kidneys, Merc. bin. 3x in alternation with it. For the next four days the rash came well out, covering most of the body. The throat gave a good deal of trouble, suppurative tonsillitis occurring, and the abscess discharged spontaneously on the 19th. The urine remained much in the same condition, 34 oz. being passed in twenty-four hours, and still contained blood, though in manifestly lessening quantity. The temperature fell gradually, and was normal by the 22nd Nov. Microscopical examination of the urine now revealed red blood corpuscles and tube-casts, and the albumin was still about a fifth. The same medicinal treatment was continued, with steadily maintained improvement in the patient's general condition, and when the urine was again tested on the 24th Nov., just ten days after the onset of the illness, it was found to be absolutely free from any trace of either blood, albumin, or casts. There was no relapse, the patient running an uneventful course to convalescence, and on the 29th Dec., desquamation having been completed, he was sent away for change



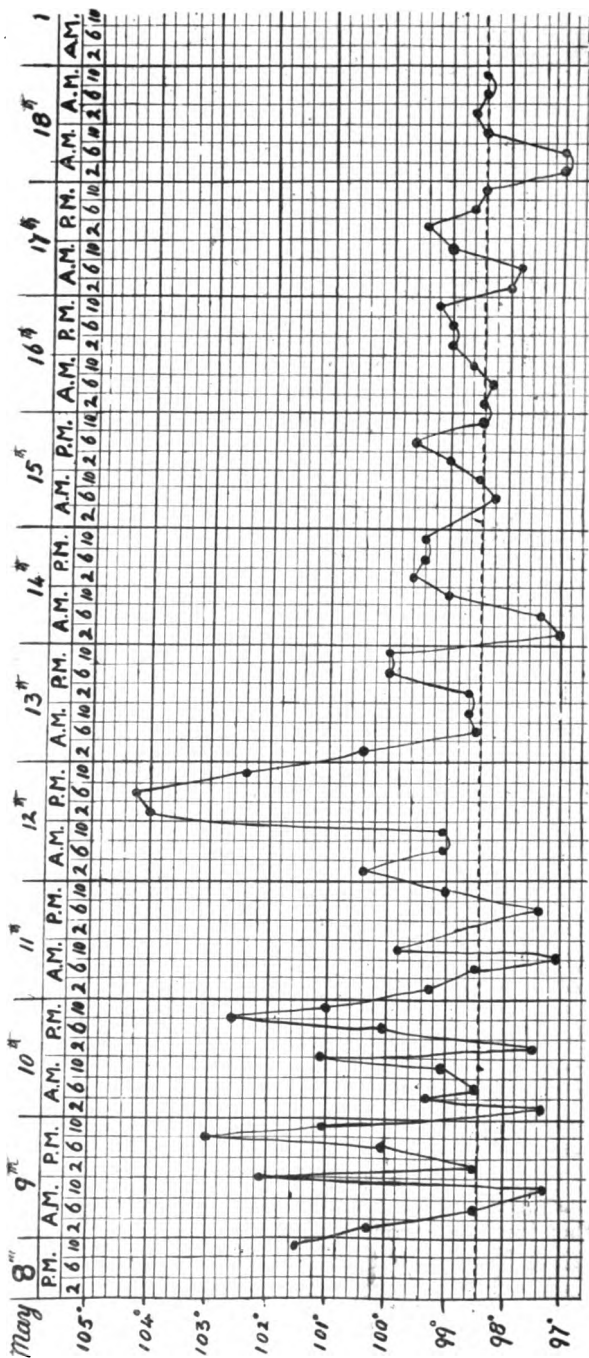
PULSE AND TEMPERATURE IN CASE OF NEPHRITIS.

of air, feeling as he himself expressed it quite fit in every way. The contrast between the effects of treatment during the two illnesses was thus pretty well marked. On the first occasion, under allopathic treatment, the hæmorrhage went on for some six weeks, albuminuria persisting after the patient's dismissal from the nursing-home, and only clearing up after a course of homœopathic treatment. On the second occasion, under homœopathic treatment, both blood and albumin were gone in ten days, and there has been no recurrence.

It has been already stated that hæmorrhage is a feature of a certain variety of malarial fever, though, to be more accurate, hæmoglobinuria is the term that ought to be applied to it. The particular kind of fever alluded to is exceedingly malignant, is somewhat rarely met with in this country, and is commonly known in the tropics as blackwater fever. During the pyrexial stage the urine is loaded with hæmoglobin, and in some cases hæmatemesis also takes place. The spleen and liver are enlarged, icterus generally occurs, and when recovery ensues the patient is left in a profoundly anæmic and cachectic condition. In a large proportion of cases, however, the disease proves fatal. Koch has attributed its occurrence to disintegration of the red blood corpuscles, as a result of over-dosing with quinine. It has fallen to my lot to see and attend but one case of this kind, and the condition being, broadly speaking, hæmorrhagic, it may be included in the subject now before us.

CASE VIII.—The subject of the illness I now refer to was a Mr. F., a missionary lately returned from the Congo. I was called to see him on 8th May, 1901. He had for some time been subject to slight attacks of fever after exposure to cold and damp, and had, the evening before my first visit, had a rigor and rise of temperature to 101° . At the same time blood was noticed in the urine. By the morning of the following day the temperature had fallen to normal, and at that time a friend who was looking after him administered 9 grs. of quinine. At 11 a.m. on that day I saw him just as another rigor had set in, and by 2 p.m. his temperature had risen to 102° .

At this juncture, from want of experience in treating such cases, I fell into the error of empiricism. It was evident that he had been saturated with quinine, and, indeed, if Koch be right, his illness was due to poisoning



TEMPERATURE IN CASE OF BLACK-WATER FEVER.

by that drug. It was therefore useless to think of giving him any more of it—or at all events in the crude form—and in view of the renal condition I prescribed Terebinth. This drug was of course useless, for though it appeared, roughly speaking, to cover one prominent symptom, yet it by no means answered to the general condition or totality of the symptoms. That totality, however, did not present itself at the outset, but by Friday, 10th May, had manifested itself in the shape of icterus and engorgement of the spleen and liver, in addition to the fever and hæmoglobinuria.

The occurrence of the febrile attacks was very irregular, as may be seen from the chart. During the first twenty-four hours there were no less than three rigors, the temperature rising and falling to normal or subnormal between each. Then from the evening of the 10th till Sunday, the 12th, there was a remittent period, and on the afternoon of the latter day a sudden rush up to 104.2° . The following day the thermometer registered a drop to normal, and thereafter fluctuated slightly, but never again rose to 100° , and steady progress was made towards convalescence and recovery.

As soon as the characteristic symptoms above detailed had developed themselves—on the 10th May—it became evident that the condition of the urine was not due to any inflammatory process in the kidneys, but, together with the jaundice, was the result of the morbid condition of the red blood corpuscles. Terebinth does not give rise to such a condition as this, but sets up inflammatory changes in the kidney, leading to hæmorrhage. It was therefore necessary to administer a drug that was capable of causing a morbid hæmic condition resembling that present in the patient, and that drug was found in *Crotalus horridus*, which was accordingly given in the 6th centesimal dilution, a dose every two hours. The effect was not slow in appearing. Only one more serious rise of temperature took place after its administration on the 12th, and that for a few hours only. Even on that date the notes of the case record that the urine was already of a lighter shade, and by the 13th the patient began to feel much better, and was able to take liquid food without rejecting it as formerly. The pulse had fallen to 88, the tongue was moist and cleaning, and the jaundice fading away.

I need not detain you by entering into a detailed account

of the subsequent history of the case. Suffice it to say that by the 17th May the urine was entirely free from hæmoglobin or other abnormality. The jaundice also passed away by degrees, the hepatic engorgement disappeared, and that of the spleen more slowly. These symptoms having cleared up, the patient received Arsen. alb. 3x for a time, and then China 1M., as I believe, and it has been shown by others, that a high dilution of a given drug is the best antidote to poisoning by the same drug. I have repeatedly seen recovery take place under this attenuation of china in the gravest cases of malarial fever, where the patients had been saturated with large doses of quinine. Be this as it may, in the case in question, from the date of recovery till the present time, I understand that there has been no recurrence of the fever. The patient remained under my care for several weeks, and last year wrote to me saying that he was about to be married, and was then to return to his former sphere of missionary labour in the Congo.

I will only add that he informed me that in the two or three years preceding his return to this country three brother missionaries had also come home, each, after his arrival, developing blackwater fever. All three were treated allopathically, and all three died.

The effect of the venom of the *crotalus horridus*, or rattlesnake, in producing disorganization of the blood, and consequent hæmorrhage from various mucous surfaces, has been well recognized, and utilized with success in the treatment of yellow fever. The jaundice which it is also capable of setting up is likewise due to the same cause, and not to any obstruction to the flow of bile. Thus Hughes, quoting Dr. Weir-Mitchell, tells us that the poisoning results in "a train of symptoms which terminate in more or less complete degradation of the blood. . . ."

In yellow fever the likeness to the venom-poisoning is most distinctly preserved, as we trace the symptoms of both diseases to the point where the diffuent blood leaks out into the mucous and serous cavities." And again, of the jaundice caused by the same venom, "it depends either upon disordered innervation or upon changes in the blood hindering the due metamorphosis of the reabsorbed secretion."*

* Pharmacodynamics, p. 599.

In blackwater fever the changes in the blood leading to icterus and hæmoglobinuria appear to be very similar to those observed in yellow fever, and hence no doubt the drug that has proved so efficacious in the latter will be found equally so in the former, as in the single case I have just related.

While hæmorrhage may thus, as we have just seen, result from disorganization of the blood itself, it may likewise occur from that of the blood-vessels. A noteworthy example of such a phenomenon may be observed in the disease known as purpura hæmorrhagica, where the effusion of blood, both subcutaneously and from various mucous surfaces, appears to be due to loss of integrity in the capillaries from fatty degeneration. For a rather striking example of this disease and its successful management by homœopathic therapeutics, I will refer you to a communication of my own to the *Monthly Homœopathic Review* for May, 1893, and as it may be new to some of my hearers, will read a portion of it. (*See op. cit.*)

Gentlemen, my task is nearly done. As I said at the outset, my object has been to bring before you the ordinary results of treatment that one expects to obtain—and that one generally does obtain—in ordinary everyday practice by the homœopathic method. They are but the most usual experiences of the greater number of practitioners so engaged, and if their relation should encourage any seeker after truth to go and do likewise, I shall account such fruit as my richest reward.

HAVERSTOCK HILL, N.W.

PEDIATRICS.

By J. ROBERSON DAY, M.D. (Lond.)

Physician for Diseases of Children, London Homœopathic Hospital.

By the courtesy of the Editors of the *Monthly Homœopathic Review*, a very excellent article is reprinted from the *British Medical Journal* of Dec. 26th, 1903, in this month's issue.

The article is in every way excellent, and it is to be hoped the suggestions made will be carried out. Of course no mention is made of homœopathy, or indeed of any administration of remedies to children, and in this direction we can very well amplify the article. There is

no class of patients who appreciate homœopathy more than children, or who respond more quickly to the medicines which are so pleasant to take. The contrast between the two methods of prescribing is here most strikingly seen, and the safety of this system of treatment is beginning to be valued by parents, who justly fear the heroic dosing which still goes on by some members of the old school.

The writer of the article plainly states the present position of the study of children's diseases in this country, and urges the need for improvement. The weak points in our medical curriculum are well stated, and reforms suggested. A comparison with foreign countries shows how much more attention is given to this subject abroad than with us.

Not until the year 1900 was there any special society formed for the study of pediatrics. And only this year a special journal has been published for the second time, a former journal, which was published jointly with America, having to cease its English edition from lack of support. In this matter of literature, we are again outstripped by America (which has two good monthly journals devoted especially to children), France, Germany, and Italy.

Although it must be a source of satisfaction to all members of our profession to see this progress and awakened interest in pediatrics, yet we who practise homœopathy must remember that we shall be allowed no part nor lot in these benefits, for we cannot join the society or contribute to the journal.

At the inauguration of the "Society for the Study of Diseases of Children" in 1900, the writer sought admission, but was advised not to apply, as he would certainly be black-balled. Let those who think the two schools of treatment are likely to fuse, bear this in mind. No doubt contributions to the newly-published journal would be declined, in the same spirit as actuated the editor of the *Edinburgh Medical Journal*, when his clerk "by a mistake" invited the writer to contribute an article. This interesting episode has been already dealt with in the *Monthly Homœopathic Review* for January 1, 1902.

We must therefore look to ourselves for proficiency in this, as in all other departments of our practice. The London Homœopathic Hospital appointed Dr. Drury, physician accoucheur in 1859, and during the latter part of his tenure of office he was Physician for Children. This

first embraced the treatment of women *and children*, at a time when that subtle connection was supposed to exist between midwifery and diseases of children, alluded to by the writer of the article in the *British Medical Journal*. Dr. Drury had a flourishing children's department, the out-patient department was largely attended, and he had also a ward in the hospital, exclusively for the treatment of children. He had the first claim on all children coming to the hospital, although the other physicians could admit them to their beds if they desired.

On his resignation in 1877, this special children's department was discontinued, the children's ward was turned into a women's ward, and the children were placed in a ward on the top floor of the old hospital and divided up amongst the other physicians. This retrograde step thus set back the hands of time some eighteen years, and it was not until the opening of the new building that the children's department as it now exists was *re-established*.

Since this time rapid progress has been made, for there is no department in homœopathy which appeals so forcibly to the public. Parents are getting to know the benefits and superiority of homœopathy in treating their children.

Last year more than 600 new cases came for treatment, and there was a total of over 2,500 attendances. There are now three days in the week on which this special department is open, and in order to cope with the growing number of patients it has been found necessary to appoint an assistant-physician to this department. This recently created post is now vacant, and it presents a unique opportunity for anyone wishing to continue the study of homœopathy in the treatment of children. There appears no reason why this department of the hospital should not extend in the same way as several of the other special departments have already extended. In our vast metropolis the supply of children is unlimited, and ever increasing.

A CASE OF MULTIPLE SEPTIC ARTHRITIS. DEATH ON THE THIRD DAY OF ILLNESS.

By H. A. CLIFTON HARRIS, M.R.C.S., L.R.C.P.

Medical Officer to Sussex County Homœopathic Dispensary.

THE following somewhat remarkable case occurred in the practice of the Sussex County Homœopathic Dispensary.

A boy of fifteen, with a history of no previous illness

except an abscess of the left thigh some years previously, was taken suddenly ill with shivering and headache and severe pain in the left thigh. He was seen by me the following day. The temperature was then 104° , and the pulse quick and thready. The face was a dusky-red hue, and the tongue brown and tremulous. He complained considerably of pain in the left thigh on movement. There was an old scar on the inner side of the left thigh under Poupart's ligament, and a more recent scar over the left heel. The bowels were constipated, and the urine scanty and high coloured with a trace of albumin. Vidal's blood test for typhoid fever gave a negative result. He had a considerable cough, which seemed to cause him pain. There was impaired resonance at the base of the left lung with some tubular breathing. The mind was wandering, although he answered questions intelligently. He was given Baptisia and tepid sponging. The next day the condition was worse, and all the limbs were extremely sensitive to movement, especially at the joints, although they were not appreciably swollen. He was removed to the Borough Sanatorium, and died the next day. At the *post-mortem*, adhesions were found at the apices of both lungs with several tubercular foci. The lower lobe of the left lung was solid with pneumonia. The heart was normal, the liver slightly enlarged. Some of the mesenteric glands were enlarged, suggestive of tubercle. The spleen, intestines, and other organs were healthy. The right elbow joint was opened, and thick creamy pus was discovered, a similar condition being found in the left knee joint. The microscopical examination of the pus showed no tubercle bacilli. The case was one of multiple septic arthritis, the scar above the left heel being most probably the primary seat of infection.

PRACTICE IN A MILITARY HOSPITAL.

By LT.-COLONEL H. E. DEANE, R.A.M.C.

I HAVE come across examples of extreme ignorance on the part of civilian members of the profession as to the opportunities of practice in military service; and lately it was remarked to me by a medical man, that "in the Army we could not possibly get any experience of medical practice, as we only had to deal with healthy young men."

I may mention here, by the way, that a few years ago a member of the Indian Civil Service expressed great surprise to me when I told him that there were wives and children allowed to soldiers ; not the only occasion, either, on which I have encountered surprise that soldiers are allowed to marry and that the Government make provision therefor.

I propose to correct the above-mentioned misapprehension. I am prepared to maintain that the opportunities of surgical, medical (the latter including general medicine and special medicine as applied to aural, ophthalmic, obstetric, gynæcological, epidemiological, pediatric, bacteriological, and tropical), and sanitary work in all branches are far more extensive than fall to the lot of any general practitioner in civil life. The work done by military medical men all over the world, wherever there is a British soldier, is not brought before the public view in the same way as work done by civilians, and it is only on occasions of some original discovery, as that of Colonel Bruce, F.R.S., which attracts universal attention, that the service, so to speak, comes to the front. It will help to dispel this ignorance of service conditions if I publish extracts of a few cases which came under my care in one general medical ward only of a military hospital in which I was recently doing duty.

1.—*Diabetes Mellitus.*

Admitted May 16th, 1903. The man was a militiaman up for annual training, aged 36 ; had been a sailor and gone all over the world ; said he was never ill till five months prior to present illness, when he had an attack of influenza, and a month after recovery began passing a large quantity of urine, suffered from thirst, and pains round the ribs, under the shoulder-blades, and in lower part of back ; has had a cough the last two months, and spat up some "mattery stuff" ; has lost four stone the last 3-4 months, and passed 26 pints of urine daily for several days before admission. (He had been under observation at an out-station.)

He was emaciated, though the shape and capacity of his chest were exceedingly good. Skin very harsh and dry ; tongue very dry. Has a marked flush over malar bones and bridge of nose ; one or two erythematous-looking patches over back of neck. Said he had lately felt irritable and cross, quite contrary to his normal state.

Sweats profusely at night, with great skin irritation. The polyuria is most marked at night. Had a short, hacking cough. Heart and lungs free of abnormal signs. Liver tender and felt below costal arch, measuring $4\frac{1}{2}$ inches in nipple line, and $4\frac{3}{8}$ inches in mid-axillary line. Left patellar reflex not obtained. Right knee-joint partially stiff from a fractured patella twelve months previously. Percussion of the tendon did not produce the ordinary reflex movement, but sometimes made the whole body jump. Urine, 1028, pale, limpid, no albumin, loaded with sugar; an estimation made later showed nearly 6 per cent. I ordered him ac. phosph. dil. $\text{m}\times$ three times a day.

The diet on which he was placed after admission was practically maintained throughout the treatment. The diet may seem somewhat heroic, and especially so when compared with the dieting in a civil hospital, where the same liberal diets are not in vogue, and where perhaps patients cannot be dieted so regardless of expense as the soldier. I put him on what is officially called Roast Joint, which consists of z 10 (with bone) of beef or mutton, z 18 of bread, z $\frac{1}{2}$ of salt, z 6 of milk, z 4 of vegetables, z $1\frac{1}{2}$ of butter, and his tea was made specially for him without sugar, z j being used for O6. In addition to his diet he had the following extras: bacon z 4, fish z 8, milk Oj, cream z 8, soda syphon 3, lemons 4, butter z 4, unsweetened custard pudding, eggs 3. I allowed him at first his full ration of bread, the only deprivations being sugar and potatoes.

From May 16th at 5 p.m. when I saw him first, to May 17th at 9.30 a.m. he passed O15 of urine.

May 21st.—Urine O10 in previous twenty-four hours. Tongue not nearly so dry as on admission.

May 24th.—Disturbed only once last night to pass urine; thirst not so excessive, but still drinks very largely.

May 26th.—Urine O8. On this date I made a quantitative estimation of sugar at 4.5 per cent, but a control analysis I had made by Burroughs & Wellcome showed 5.81 per cent.

May 27th.—I omitted half his allowance of bread.

May 30th.—Urine O9. Gained 11lb. in weight since May 17th, making him 9st. 11lb. He said he felt a different man.

June 3rd.—Urine O9 $\frac{1}{2}$. Estimation of sugar made by Burroughs & Wellcome 4.62 per cent.

June 6th.—Urine 09. Gained 3lb. since May 30th.

June 8th.—Much less tenderness over liver.

June 10th.—Urine 08. Does not sweat so much on the whole, but it is variable. Skin much softer and less dry.

June 13th.—Urine 07½. Gained 3lb. since June 6th. He says that drinking plain water increases the amount of urine afterwards.

June 14th.—Ac. phosph. dil. ℥ xv three times daily.

June 24th.—Since 14th inst. urine has been 07–8 in the twenty-four hours, but to-day went up to 09. This may have been due to his having had by an oversight a rice pudding the last two or three days, which is now stopped.

June 25th.—Urine 07. No further increase of weight which stands at 10st. 3lb. Uran. nitrat. 10 per cent solution ℥ v three times daily.

June 29th.—Urine 07. Gained 3lb. Cough has quite ceased. Has good night's rest. Thirst much less. No tenderness of liver, nor can it be felt below costal arch.

July 7th.—Urine 08. I made estimation of sugar 2·7 per cent, but this is probably under-estimated, though showing a marked decrease at all events.

July 9th.—Urine 06; sugar 2·1 per cent.

July 10th.—Urine 05; sugar 2·03 per cent.

July 11th.—Urine 05; sugar 2·08 per cent.

Though my estimation as compared with that made in Burroughs & Wellcome's laboratory is lower, the percentage has shown a progressive decrease, and we know that as a rule the amount of sugar does not decrease *pari passu* with a decrease in the quantity of urine excreted, and may even remain the same with the diminished amount of urine.

July 13th.—Weight remains steady at 10st. 3lb. The flush on the face still exists, but he says he has always had a good colour. He is not disturbed at night, and the thirst does not trouble him much. As his battalion was disembodied and he had a chance of obtaining employment I discharged him from hospital.

I saw him about two and a half months afterwards, and he had got no worse. I may say that I tried on one occasion knocking off all his bread, but for the two or three days the man put up with it there was no enhanced improvement, and he was so averse to the deprivation that I resumed it.

2.—*Pneumonia.*

Admitted May 20th, 1903. A militiaman, aged $21\frac{1}{2}$; after a march on May 18th says he "got a chill," and suddenly felt pain in shoulders, back and hips; shivered all that night, and next day cough set in, and he says he spat up blood on night of 19th.

On admission at 3 p.m., T. 104, P. 107, R. 48; herpes on lower lip. Alæ nasi working. Tongue thickly coated white. At extreme right base faint inspiratory crepitations, higher up louder and coarser with bronchial inspiration below angle of scapula; vocal fremitus increased. On left back dulness up to spine of scapula, and about the middle of left back a limited area of bronchial inspiration. Sputum aerated, mucoid, specked with blood. Phosph. 3x, mij 3ta hora.

May 21st.—T. 102·8, P. 98, R. 41. Tubular breathing left back with increased voice sounds. Crepitations at base more audible. E.: T. 103, P. 108, R. 52.

May 22nd.—T. 102, P. 106, R. 48. Breathing on left back tubular with in-and expiration. Vocal fremitus increased in left front. Line of dulness not quite so high. Urine 1020, acid, no alb., high coloured. E.: T. 103·6, P. 108, R. 40. Much pain in chest on breathing and coughing. Tongue moist and brownish. Bryonia 1x, mij; alt. c. phosph.

May 23rd.—T. 99·4, P. 86, R. 37; sputum difficult to get up, tinged with blood. Fur on tongue beginning to break. Very fine crepitations on left back and tubular breathing less intense except at extreme base. Omit phosph. Bryonia 1x, mij 3ta hora. E.T. 100, P. 90, R. 38.

May 24th.—T. 97·8, M. P. 84, R. 30. From this time there was no rise of temperature above 98·4. Tongue cleaning with great rapidity. Tubular breathing less marked. No crepitations. E.: No pain except on coughing in left side. Right knee and calf painful and tender; he now says he had pain in both knees when the illness began.

May 27th.—Tongue clean; herpes gone; tubular breathing gone; dulness less marked; few crepitations at both bases, most marked in left axilla.

May 29th.—Sputum scanty, purulent, streaked with blood. Sulph. 3, mij three times daily. From this date

the lungs entirely cleared up gradually. He was inconvenienced for two or three days by a boil on left leg.

June 16th.—Discharged.

3.—Effusion into left pleura, with heart displaced.

Admitted May 30th, 1903. The man was a good type of Royal Garrison Artillery, aged 24, who had been twelve months on the West Coast of Africa, and came home in December, 1902. While there he was six times in hospital with fever, the longest stay being twenty-one days. Now stationed in the Scilly Isles, where he reported sick on May 15th for pains across upper part of abdomen, which quite disappeared after a night's rest in hospital. The hospital was in charge of a civil practitioner who sent him into Falmouth as a case of transposition of the heart, with the following account:—"The man was admitted to hospital at the Scilly Isles on May 15th, complaining of pain all round ribs on both sides, worse at night. The man says these pains came on the night before admission. The heart was displaced to the right, and there was some dyspnœa on exertion, but beyond this and the pains there were no symptoms of any moment."

The man says that in crossing over to Falmouth he got chilled, and developed fever on arrival. He was sent on to the station at which I was doing duty; and on admission, T. 101. He did not look particularly ill, and complained of pains over the body. The next morning these had gone. No headache. Tongue moist with whitish-brown fur, evidently clearing. On inspection of chest there is slight pulsation visible at tip of sternum. On palpation no cardiac impulse in normal situation, nor any definite impulse detected anywhere. When lying on right side an impulse is visible at edge of sternum in third right interspace, and further to the right a faint, diffused impulse perceptible over and round nipple. No alteration in position of impulse when lying on left side. Heart sounds inaudible in normal apical area; faintly heard at second left costal cartilage; plainly heard at same level on right side, with occasional reduplication of second sound. Over left front of chest resonance impaired above third rib, and absolute dulness from upper border of fourth rib in pectoral line four inches downwards, from apex to base of axilla, and all over back, except in supra-clavicular fossa, where the note was impaired. Dulness extends to

right edge of sternum in front. Vocal fremitus and resonance diminished in upper part of left front, absent elsewhere on that side, except in mid-scapular region. Breath sounds very faint everywhere on left side, except at apex, where they are more audible. On right side the breath sounds are harsh, otherwise nothing to note. Bryonia 1x, η v four times daily.

June 2nd.—T. remittent from 99·4°–102·4°, P. 104, compressible, R. 24. Percussion note under left clavicle tympanitic; breath sounds slightly more audible in left lower axilla; faint vocal fremitus and resonance. Friction sounds under left clavicle, and expiration bronchial. Slight hacking cough. No pains. Arsen. 3x, η ij four times daily.

June 3rd.—Aspirated in mid axillary line between sixth and seventh ribs, and $\frac{3}{4}$ 20 $\frac{1}{2}$ of a pale, straw-coloured, slightly turbid fluid drawn off containing some glutinous mucoid material. Sp. gr. 1020, alkaline. Directly the aspiration was finished he was sitting up, as he felt so much better, but this I stopped in view of possible dangerous symptoms supervening.

June 6th.—Since aspiration, T. from 98·6° the morning after to 102·4° this morning; P. 92–104; R. 24–28. No change in physical signs except occasional sibilus in left lung, and disappearance of friction sounds under left clavicle. Aspirated behind, below seventh rib, and $\frac{3}{4}$ 40 of serum drawn off.

June 8th.—Since second aspiration, T. 99–100·6; P. 88–92; R. 20–28. Breath sounds decidedly plainer behind, except at extreme base. Tongue clearing. No change in cardiac signs.

June 16th.—Aspirated, and $\frac{3}{4}$ 4 of clear serum drawn off. Apis. 1x, $\frac{3}{4}$ ij four times daily. T. since June 8th, 99°–101°; being normal on one occasion.

June 22nd.—Heart sounds audible for the first time since admission at left of sternum and traceable towards nipple. No material change in other respects. T. since June 16th, 98°–101·8°.

June 30th.—Early this morning had attack of abdominal pain with four loose motions; had had a similar attack on June 27th. [? due to apis.] Heart sounds audible across and to left of sternum at level of third rib. Apis. 1x, η ij three times daily.

July 1st.—T. not been above 100° since June 25th,

except during an attack of ague on June 31st ending in profuse sweating. Breath sounds over right lung exaggerated and prolonged. Dulness over left lung persists. Inspiration, if anything, is clearer. Expiration over left front and upper axilla is bronchial. Considering the satisfactory state of the general condition and the subsidence of the temperature, and not being certain that I should improve matters by further aspiration, I left well alone.

July 8th.—Heart sounds plainly heard at third left cartilage, and faintly so in usual apical area.

July 11th.—Coughed a good deal in the night, for the first time to any extent since admission; better to-day.

July 17th.—T. above normal only twice since July 1st, to 99.6°. I had difficulty in divesting my mind of the advisability of again aspirating, and as I was leaving the station for temporary duty elsewhere I decided to do so before handing the case over to another medical officer, and was going to carry it out when on looking at the chest I saw cardiac impulse distinct in the fourth left interspace; sounds much clearer on left side; breath sounds much clearer in left axilla, and bronchial expiration on left front gone. These were clear signs of the heart coming over, and so I did nothing.

A brother officer took charge of the case.

The further progress of the case was uneventful; the dulness gradually and slowly decreased, and on Sept. 9th the apex beat was nearly in normal position. I saw the man on October 6th, when the heart was in its normal situation and the lung had cleared up, and he was discharged to duty.

During the whole course of the illness his appetite was good, his bowels acted regularly, he could lie and sleep indiscriminately on either side with comfort, and never felt there was anything the matter with him.

31, CAVENDISH STREET, W.

(To be continued.)

REVIEWS.

Memorial de Thérapeutique Homœopathique, par les Drs. P. JOUSSET et M. JOUSSET. Pp. 356. J. B. Baillière et fils. Paris, 1904.

IN this volume, the veteran Dr. P. Jousset and his son Dr. Marc Jousset, both physicians to the St. Jacques Homœopathic Hospital in Paris, have given us a book which is

absolutely practical; it is a presentation in alphabetical order of most diseases and their treatment, and that of a certain number of symptoms. The treatment is for the most part homœopathic, but the authors are by no means exclusive, and have evidently been at much pains to keep themselves *au courant* with all recent progress in therapeutics, so that their patients may profit thereby. We find, for instance, whenever necessary, treatment founded upon serum-therapy or opotherapy, both methods of medication closely akin to homœopathy; also treatment which is frankly empirical; and even medication founded upon the law of contraries, chiefly in surgical ailments or in order to obtain a palliative effect.

With regard to the portion which is naturally of most interest to our readers, *i.e.*, the purely homœopathic part, and which may be roughly estimated as occupying perhaps three-fourths of the whole book, the thing that strikes us at once is that homœopathy, although given the chief position, holds no more than that it is one—the chief one—of *several methods of therapeutics*, each of which must be made use of on occasion if we would do justice to our patients. This book of M.M. Jousset gives us accordingly no encouragement in treating medicinally many so-called surgical ailments, *e.g.*, adenoids, appendicitis, etc., etc., when surgical intervention will cure the patient quickly.

In the matter of dosage, our authors are catholicity itself, their doses ranging from 10, 15 or 20 drops of the mother tincture (!) even of powerful drugs like aconite, colchicum, or nux vomica, up to the thirtieth centesimal dilution. A brief sample may perhaps best give an idea of our author's method of presentation:—

INFLUENZA.—“The drugs called for at the outset are *aconite*, *baptisia*, and *sulphate of quinine*. We give *aconite* (20 drops of mother tincture) for fever of continuous type with red face, large full pulse, perspirations, pains in the limbs, and prostration. *Baptisia* (1st dec.) corresponds also to fever with sharp pains and gastric symptoms. *Sulphate of quinine* (0.50 gramme) is indicated specially by an intermittent febrile movement; nevertheless we shall often do well to administer it even without this special indication; it lessens the pains in the head, and the prostration.

When the pains assume very great intensity, *eupatorium perf.* (3rd to 1st dec.) is much employed; it corresponds to the sharp pains which permit of no repose, even when lying perfectly still, and are accompanied by great weakness; when the pains are aggravated by movement and relieved by rest, *bryonia* (1st dec. to 10 or 20 drops of mother tincture); *rhus. tox.* (1st dec. or ϕ) if pains are more acute at night obliging patient to move or even to get up.

In the malignant form the principal drug is *arsen. alb.* (3rd cent. trit. to 3rd dec. do.) which corresponds to the fever, the insomnia with agitation, to the weakness with anxiety and fear of death; also to the pulmonary symptoms. Sulphate of quinine has also a favourable effect.

During convalescence, when there is often persistent *adynamia*, with anorexia, too easy perspiration and sensitiveness to cold, *gelsem. semp.* (1x) often relieves and revives the strength; *avena sat.* (3c to 1x) often gives good results. If improvement is long in shewing itself a sojourn in the country, in the mountains, or at the seaside is often very beneficial.

Vide cough, pulmonary catarrh, otitis, etc., for the remedies for complications.

In other articles our authors give details of local treatment useful in a large number of ailments, appropriate rules of diet and hygiene, as well as details of hydropathic, electrical, and thermal treatment. Altogether we predict a wide field of usefulness for this little handbook, which ought not to be long ere it is seen in English dress.

Syllabus of Lectures on Physiology. By WILLIAM H. BIGLER, A.M., M.D., Professor of Physiology and Pediatrics, Hahnemann Medical College, Philadelphia. 2nd edition; revised and enlarged. Philadelphia: Boericke & Tafel. 1903.

IN the Preface, Dr. Bigler says, "I know that many objections are raised to the use, by students, of compends and digests, but I do not consider them valid, therefore I do not share them, and therefore I have not hesitated to add another to the list of objectionable books. Even in a medical course of four years, with days of twenty-four hours, it is physically impossible for students to keep pace with the lectures by study of voluminous text-books. They study physiology, not to become scientists, but to get a necessary foundation for their future medical studies. My own views, arrived at after many years of teaching, are that the lectures should seek to cover the ground as thoroughly as possible, presenting all that is best and most practical in the various text-books, and that the student should be furnished with a guide by which he can, with the least expenditure of time and energy, review the subject, and fix in his memory its salient points in a form most easily recalled. I have sought to provide such a guide in this syllabus of my lectures on physiology." We quite agree with Dr. Bigler that such a digest is a most valuable aid to the student, and we congratulate him on the excellent "Syllabus" he has published. It gives the student the essence of the subject, as fully as is compatible with the aim of the work; in fact, it is the lectures "boiled down." But not only is it helpful to the student, but this syllabus will be found by the busy practitioner to be a really valuable refresher to his memory, and enable him to find what he has forgotten in a very concise manner, and so save him the necessity of looking up text-books when his time is limited by his practical work. We cordially commend the book. It consists of 200 pages, and is excellently printed and got up.

A Pocket Book of Clinical Methods. By CHAS. H. MELLAND, M.D. Lond., M.R.C.P., Physician to the Ancoats Hospital, Manchester. Bristol: John Wright & Co. 1903.

THE aim of this admirable little book is thus described in the Preface. "This small Pocket Book has been prepared with the main object that it should serve as a guide to the details of methods of clinical laboratory examination which are adapted to the use of students. Consequently the scope of the work has been severely restricted in several directions. Those methods have been retained which would appear to be of the greatest value in future general medical practice, and no attempt has been made to present an account of the more elaborate methods of clinical research."

This aim has here been most successfully hit by the author. The work is so clear, and the methods so simply described that it cannot fail to be of the utmost value to the student, while to the busy general practitioner who wishes to make such clinical examinations for himself, it will furnish all the information he needs for conducting them. There are seven chapters, viz., I, The Sputum. II, The Gastric Contents. III, The Fæces. IV and V, The Urine. VI, Pus and other Fluids, and VII, The Blood.

We can strongly recommend this "Pocket Book," and we feel sure it will have a wide circulation.

The Physiognomy of Mental Diseases and Degeneracy. By JAMES SHAW, M.D. Bristol: John Wright & Co. 1903.

THIS is one of the most interesting and original works we have read for a long time. The author tells us in the Preface that it is "the reproduction, with some additions and alterations, of my papers, or the parts thereof which refer to physiognomy, in the *Medical Annual* for 1894, 1897, and 1903." Dr. Shaw in twelve chapters goes over all the various phases of mental disease and degeneracy, and shows a remarkable gift of accurate observation in the delineation of the alteration in the physiognomy of the patients from the normal or healthy type. There are a large number of excellent illustrations taken from the life to elucidate his remarks. The subject is interesting reading to any doctor, whatever his line of practice is, but to those who specially study and treat mental disease, it is absolutely essential as a *vade-mecum*. We warmly recommend its perusal as opening up a very original field of study.

Zoological Record, vol. xxxiv. 1902. *Protozoa.* By H. M. Woodcock, B.Sc., Zoological Society of London.

THIS will be a valuable work for all who are interested in the study of the Protozoa. After an introduction, there is a

complete bibliography of all that has been written on the subject, and this is followed by an interesting and valuable account of their morphology, physiology, bionomics, reproduction, and evolution. This is a very special subject, but to those who labour in this interesting sphere of study, this work by Mr. Woodcock will be an essential aid.

Proposed Sterilization of Certain Mental and Physical Degenerates.

By ROBERT REID RENTOUL, M.D., &c. The Walter Scott Publishing Co., Ltd., London and Newcastle-on-Tyne. 1903.

THE object of this little work is to call attention to the number of mental and physical "degenerates" at present existing among the lowest classes of the population, and to propose a remedy for the unrestrained propagation of the species by them. But when we state that the "sterilizing" remedy proposed by Dr. Rentoul consists in compulsory surgical operation, we have said enough.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fifth meeting of the session 1903-04 was held at the London Homœopathic Hospital, on Thursday, February 4th, 1904, Dr. James Johnstone, F.R.C.S., Eng., Vice-president, in the chair.

Section of Medicine and Pathology.

Dr. A. SPIERS ALEXANDER read a paper entitled *Colica mucosa, or pseudo-membranous colitis*, of which the following is a synopsis. Dr. Alexander introduced the subject by reference to recent literature, which showed that the ailment which bore the name indicated in the title of his paper had lately received more accurate definition, diagnosis, and treatment than formerly. As regards etiology, colica mucosa is much more common in women than in men, and especially in women of nervous temperament. Constipation, neurasthenia, gout, rheumatism, seem predisposing causes for this form of colitis. The main symptoms are pain, constipation, and membranous discharge from the bowels. These are often associated with gastric and pelvic abnormal conditions. A study of the pathology of the disease leads to the conclusion that it depends on errors of innervation rather than on inflammatory disturbance of the mucous membrane of the colon or small intestines, although the most obvious pathological product is membranous discharge in the form of shreds

or tubes. The treatment divided itself into two parts: that of the paroxysm, and management of the chronic condition. Local measures for alleviation of the pain and emptying and cleansing of the bowel are called for in the acute stage, also such medicines as colocynth, chamomilla, plumbum, lycopodium, dioscorea and magnesia phos. In the chronic condition, the great aim is to improve the motor power of the intestine. Correction of the constitutional or diathetical condition is very important. Among medicines in this stage the most important are graphites, colchicum, hydrastis, plumbum, and others. A consideration of diet is of great importance, and two theories are offered of the disease from France and Germany respectively, upon which a diet regimen may be constructed. But each case must be considered on its merits, and diet prescribed accordingly. Thermal and other treatment at Plombières and various watering places is often of benefit.

Drs. Dyce Brown, Dudgeon, Madden, Beale, Byres Moir, Goldsbrough, Barlee (a visitor), Watkins, and Mr. Dudley Wright, discussed the paper, and Dr. Alexander replied.

Dr. Searson, as late Travelling Scholar of the British Homœopathic Association, then gave some "Notes of a visit to some of the Homœopathic Colleges and Hospitals of America." Dr. Searson had already published notes in the *Review* and the *World*, and on the present occasion his communication was an amplification of these. Perhaps his most interesting and instructive point in relation to the development of homœopathy was an allusion to the patient watching for and acceptance of every opportunity on the part of leaders of the homœopathic profession in America to obtain State foundations and recognition for colleges and hospitals, a desideratum for this country which appears a long way off, but which, at the present time, is an urgent necessity if homœopathic treatment is to obtain its right place in medical practice. Dr. Searson was heartily thanked for his interesting communication.

NOTABILIA

DR. SEARSON.

THE following friendly editorial item appears in the *Clinique* (of Chicago) of January. We heartily echo the genial sentiments therein expressed, and we hope that each year the fraternal relations between the homœopaths on both sides of the water will grow closer and closer.

HANDS ACROSS THE SEA.

“THERE is a masonry among physicians. And especially is there a fraternal feeling among homœopathic physicians. When at a distance from home, one always receives a cordial greeting from a brother homœopath.

The recent visit of Dr. James Searson, of London, who spent several weeks in Chicago, will do much to cement friendships between ourselves and our English cousins. It was a pleasant experience to have Dr. Searson with us, to make his personal acquaintance, and to learn of conditions regarding the members of our school and of conditions in Great Britain. We trust that Dr. Searson's pilgrimage to America may result in the establishment of closer relations between the members of our profession in this country and our English brothers.”

The *Medical Century* of January, has the following editorial note :—

“It was our pleasure to meet Dr. J. Searson, of London, Eng., who recently visited this country for the purpose of investigating homœopathy, its hospitals, and colleges. The doctor visited New York, Philadelphia, Ann Arbor, Chicago, and Boston, giving talks on homœopathy in Great Britain. He takes much interest in the homœopathic materia medica and its teaching, and will carry back with him many new ideas. He was especially struck by the strength of homœopathy in the Middle West. He is the kind of Britisher we would like to have visit us often ; in fact, we would like to have him with us always.”

And the editor of the *Clinique* speaks as follows :—

“Dr. Searson's visit will be of great benefit in furthering the more cordial relationship between the homœopaths of England and America, and, it is to be hoped, will be followed by others of a similar nature. He carries back with him the hearty goodwill of all with whom he came in contact.”

The editor of the *North American Journal of Homœopathy* for December has the following :—

“‘*The Travelling Scholar.*’—Some of our readers may recall that among the objects of the British Homœopathic Association was that of the establishment of a “Travelling Scholarship.” This was accomplished, and in due time the scholarship was filled by the appointment of Dr. James Searson, of Brighton. This ‘travelling scholar,’ for certainly he is one, has been in the United States for some time, and has doubtless accumulated sufficient material for a full report. His special mission is to study our methods of teaching, particularly materia medica and therapeutics and the policies

which have made possible the rapid advance of homœopathy. Dr. Searson has won the good opinion of his colleagues here by his modesty, his fidelity to his mission, and for his ability to grasp speedily not only subjects but situations."

SAN FRANCISCO.

WE are glad to notice from the *San Francisco Chronicle* of Jan. 10th. that in the "apportionment of patients" in the City and County Hospital of San Francisco, two wards are given to the physicians of the Hahnemann Medical College of the Pacific. We also learn with pleasure that Dr. James W. Ward, the Dean of the Homœopathic College in San Francisco, is the President of the Board of Health in San Francisco. Dr. Ward's visit to us last year, in the company of Dr. Boericke, will be well remembered by us all, and we congratulate him and San Francisco.

Our brethren across the water are thus far ahead of us in liberality to the new school of medicine.

DR. MAHENDRA LAL SIRCAR, C.I.E., OF CALCUTTA.

WE have received a very interesting account of the celebration of our distinguished colleague, Dr. Mahendra Lal Sircar's 71st birthday, on the 8th of November, 1903. A number of his relations and friends assembled to do him honour, and their coming showed with what esteem and affection he is regarded in Calcutta. After prayer and the recitation of a poem in his honour, Dr. Sircar gave an interesting speech from his sick-bed, to which we regret to learn that he is confined. Ardent wishes were expressed for prolongation of his valuable life, and his recovery. In the evening there was music and further recitations and prayers.

From the *Reis and Rayyet* (Prince and Peasant) of Nov. 28th (of Calcutta), we reprint the following interesting sketch of his career, from his school-days till now. Such a distinguished career is well worth recording. We sincerely trust his health may be restored, and that he may be spared for many years of continued usefulness. Of the list of honours accorded to him, as recorded in the extract, Dr. Sircar may well be proud, and we feel proud at having such a colleague as the chief representative of homœopathy in Calcutta.

"He remained in Hare's school till 1849, when he obtained a junior scholarship, and was promoted to the Hindu College. He remained in this College till the beginning of 1854, where he became a favourite of Mr. Sutcliffe, Principal and Professor of Mathematics, and of Mr. Jones, Professor of Literature

and Philosophy. He could have remained a year or two longer at the College, which then became the Presidency College, enjoying his senior scholarship. But his ardour for science had become so great, especially after reading Mill's Logic and other similar books, which, he saw, could only be understood after a practical study of the Sciences, and there being no other institution except the Calcutta Medical College where some of the most important sciences were practically taught, he determined to leave the Presidency College to get admission into the Medical College. Mr. Sutcliffe insisted upon his staying at least another year, but he thought this would be a loss of time, and begged Mr. Jones to pacify Mr. Sutcliffe, who had become very angry on account of his obstinacy. At last he got the necessary permission to join the Medical College.

After joining the Medical College he was married in 1855, in the month of Baisakh. His only son, Amrita Lal, was born in August, 1860.

He had to remain six years in the medical College from the session 1854-55 to 1859-60, when he passed the L.M.S. examination. At the Medical College he became a pet of all the Professors, especially of Dr. Archer, Professor of Diseases of the Eye. It was in this wise that he attracted the attention of Dr. Archer. When in his second year he had to take a relative (a young boy) of his to the Out-door Dispensary for some eye disease. Dr. Archer was in the habit of testing the knowledge of the students (5th year) who used to attend his clinique, by asking them to answer rather difficult questions on the anatomy and physiology of the eye and on the laws of light. It happened one day that none of the students could answer a question that was put to them about a particular point in the anatomy of the eye. Sircar, who was at a distance taking medicine from the compounder, answered the question in a rather loud voice. "Who is that fellow?" asked Dr. Archer. His students, who knew Sircar, told the Professor that he was a second year student of the College. "A second year student answering my question—call him here." On approaching him, Sircar was literally smothered with various questions about the eye, and the answers being satisfactory, he was asked to attend his clinique every day, though the case for which he had been attending the Dispensary had become nearly well.

At the request of the senior students, and with the permission of the Professors and the Principal, he delivered a course of lectures on optics, in order to enable the students to better understand the mechanism of the eye as an optical

instrument. In this year he delivered a lecture at a meeting of the Bethune Society on the Adaptation of the Human Eye to Distance.

His career in the Medical College was a brilliant one. He obtained medals, prizes, and scholarships in Botany, Physiology, Medicine, Surgery, and Midwifery. He was sometimes ahead of some of his professors in information in their own specialities. He lost his gold medal in Medical Jurisprudence for having stated in an answer to a question that the lethal dose of arsenic was much larger than stated in books, that men are known who have accustomed themselves to taking it without injury in doses of more than a drachm. This was looked upon by the then Professor of Medical Jurisprudence as a gross mistake. The professor evidently had not read the most recent medical periodical on whose authority Sircar had made the statement.

At the insistence of Dr. Fayrer he went up to the M.D. examination in 1863, and came out first, the other candidate, the late Dr. Juggobundoo Bose, being second. Dr. Sircar was the second M.D. of the University, the late Dr. Chunder Kumar Dey being the first.

In this year the Bengal Branch of the British Medical Association was established through the exertions of the late Dr. Chukerbutty. At the inaugural meeting he made a speech denouncing homœopathy. He was at first elected its Secretary, and, after three years, one of its Vice-Presidents. His speech at the inaugural meeting of the Association attracted the attention of the late Babu Rajinder Dutt, who thought he saw in him one who, if converted, would advance the cause of Homœopathy. But his arguments were of no avail. He did not deny the cures he effected, but attributed them to the strict regimen enjoined. One day a friend asking him to review Morgan's Philosophy of Homœopathy for the *Indian Field*, he readily agreed, for he thought he would now have an opportunity of exposing the absurdity of the system. The first perusal of the pamphlet convinced him, however, that it could not be properly reviewed without a previous practical acquaintance with the system. The author appeals to facts, and they must be observed and scrutinized before they can be proved to be false. This led him to observe cases under Babu Rajinder, and it was not long before he saw that there was truth in the system, and that the profession has been doing a most gross injustice to it by ostracising those who adopt it. This led him to deliver the address in Medicine under the title of the "Supposed Uncertainty in Medical Science, &c." The story that led to his being outcasted from the profession is told in the pamphlet just published.

The 'Calcutta Journal of Medicine' was started in January, 1868, and is being continued to this day.

In its number for August, 1869, he published an article "On the Desirability of a National Institution for the Cultivation of the Physical Sciences by the Natives of India," which was thus the starting point of the Indian Association for the Cultivation of Science.

He was appointed a Fellow of the Calcutta University in 1870, (Dec. 3rd), and was placed on the Faculty of Arts. Eight years after, in 1878, by a resolution of the Senate at its annual meeting, he was placed on the Faculty of Medicine. The Members of the Faculty protested, and objected to associate with one who professes and practises the absurd and unscientific system of Homœopathy. This drew forth a letter from Dr. Sircar, to which they replied. This drew forth a second letter in which the cardinal doctrines of Homœopathy were set forth, with indisputable facts and authoritative opinions from the best men of the profession, from Hippocrates downwards, making it clear to any one who would take the trouble of reading it, that homœopathy was really the only scientific system of medicine as yet established, and not the absurd and irrational system of transcendental nonsense as misrepresented by the Faculty. This gained him a signal triumph in the Senate, who upheld their resolution nominating him to the Faculty of Medicine.

It was not till six years after its first idea was put forth that the Science Association was established in 1876.

Dr. Sircar was appointed an Honorary Presidency Magistrate in 1877, the duties of which he discharged with his usual zeal for twenty-five years, till June, 1902, when he resigned on account of his present illness.

Made a C.I.E. in 1883.

He was one of the first victims of influenza when it first invaded India in 1891. His constitution already weakened by malarious fever and asthma, was so much shattered by the disease, that he had to go to Baidyanath Deoghar for change. Here he was so moved by the condition of the lepers, that he built an asylum for them at a cost of over Rs. 5,000. The foundation stone was laid by Sir Charles Elliott, in July, 1892. He obtained permission to name the asylum after his wife, and it is now known as the Rajkumari Leper Asylum.

Appointed Member of the Bengal Council on 26th January 1887, and was re-elected for the fourth time. But he soon retired after his last election in 1893.

Appointed Sheriff in December, 1887.

Was President of the Faculty of Arts for four years (1893-97.)

For ten years member of the Syndicate, and, generally, in the absence of the Vice-Chancellor, used to preside at its meetings.

For several years Member of Council of the Asiatic Society of Bengal.

Obtained the Honorary D.L. of the Calcutta University in 1898.

Up to now for several years President of the Board of Studies in Physics, Chemistry, and Biology of the University.

Up to now a Trustee of the Indian Museum, as a representative of the Asiatic Society.

Life-Member British Association for Cultivation of Science.

Corresponding Member, American Institute of Homœopathy, and of the British Homœopathic Society.

Life-Member, Astronomical Society of France."

THE STUDY OF CHILDREN'S DISEASES.

AMONGST so many improvements in the medical curriculum, both accomplished and proposed, it is disappointing not to find greater attention paid to increased facilities for the study of children's diseases at the London general hospitals. The lack of a special knowledge of such disorders is a frequent ground of complaint with the laity against the profession, and it has to be admitted that only too often the complaint is well founded. It is a very common grievance, too, amongst recently qualified men that they were afforded such limited opportunities at their schools of gaining a satisfactory knowledge of a class of cases which experience proves forms a major part of their ordinary practice. That there should be a just ground of complaint on this score, both on the part of the profession and the general public, is surely matter for regret.

It is futile to assert at the present day that there is nothing directly special in the diseases of children. That point was settled many years ago by the hospital authorities themselves, when it was the universal custom to bestow on the obstetric physician the additional title of "physician for diseases of children." This admittedly-pious fraud, if it served to quiet the consciences of the responsible authorities, certainly deceived no one else, not even the gentlemen nominally appointed to deal with complaints which they were never by any chance called upon to treat. But the very fact of the bestowal of the title on these gentlemen proves that the diseases of children were recognized as a subject of separate study, long before those of ophthalmology, dermatology, and numerous others had attained their present permanent position:

In contrast with the indifference to the teaching of children's diseases on the part of British hospital authorities, is the recognition of the subject as a distinct speciality in other countries. In almost every university on the Continent and in America there is a professor of pediatrics or the holder of a post with some equivalent title. Where there is no university in the larger towns there is a special physician for diseases of children at general hospitals of any considerable size. This, indeed, would seem to be all that is necessary and desirable. That such appointments are made, however, emphasizes the fact that this country is, indeed, far behind the rest of the world in the consideration paid in its hospitals to the diseases of children. In this respect London is behind Edinburgh and more than one provincial town. In Edinburgh lecturers on children's diseases are appointed by the University, and every candidate for the medical degree is required to attend a course of clinical instruction in that subject as an alternative to attendance on that of one or two other specialities. It is interesting and gratifying to learn that of these three special courses, that on children's diseases is the one most largely attended and favoured by the students. In Manchester, too, there is a lecturer on children's diseases at Owens College, and a knowledge of the subject is insisted upon for a medical degree at the Victoria University.

In London the provision of children's wards in the general hospitals is of comparatively recent date. At St. Bartholomew's, St. George's, and Guy's they have not even yet been established, although the last-named advertises that such a ward is to be opened in the near future. That it is undesirable, in the interests of both classes of patients, to group sick children and adults together, except in so far as the exigencies of space render this unavoidable, will hardly be disputed. The objection often raised against children's wards in general hospitals where they are non-existent—that they would frequently be the means of introducing infectious disease, owing to the inexperience of the resident officer in dealing with the early stages of the exanthemata—is surely only an argument in favour of such wards, and the adequate instruction of house-physicians in a class of cases that will form a large part of the practice of most of them in the days to come. If there is any truth in this alleged incompetence, it must mean either that many suitable cases in children must be refused admission to hospital by the more cautious amongst the residents, or that many infectious cases must be admitted into the general wards by the more reckless, and by those unaware of their own defective training. Nothing teaches so quickly as responsibility, and we would trust the discretion

and tact of the resident staffs, and would regard the establishment of children's wards at every general hospital as in every way a commendable step.

Commendable as the institution of children's wards in the general hospitals may be, there are several points in the arrangements connected with them that leave much to be desired. At King's College Hospital the old fallacy of there being some subtle connection between a knowledge of midwifery and that of diseases of children still persists, and the children's ward is entrusted to the charge of the Senior Obstetric Physician. At University College Hospital the children's ward is placed under the care of the Senior Assistant Physician and the Senior Assistant Surgeon for the time being. At most other hospitals the members of the senior staff either divide the beds between them, or take entire charge of the wards in rotation for a certain period of the year. Under these conditions it is evident that there can be no assurance that the gentlemen appointed to the charge of the wards have any special knowledge of the diseases of children.

Recognizing that their duty in dealing with the diseases of children went further than the mere establishment of special wards, the authorities of several London hospitals have, in addition, initiated a system under which the junior assistant physician treats children only. Such an arrangement as this is far from satisfactory. In this instance, as in that generally of the care of the wards, no guarantee is demanded that the gentlemen appointed have any special knowledge of the subject. The fact, moreover, that their first promotion will release them from the direct care of children is no incentive to them to perfect themselves in a knowledge of the complaints which they are temporarily called upon to treat. The student, too, seeing the treatment of children's diseases relegated to the temporary care of the most junior member of the staff, is not induced to entertain a high opinion of the importance of the subject. At King's College Hospital the subject has been dealt with in a satisfactory manner as regards out-patients, and the appointment there of Dr. Still as Assistant Physician for Diseases of Children is in every respect an admirable one. It would be well if similar appointments were made at every hospital with a teaching school attached. There would seem, indeed, to be no valid reason why diseases of children should not be placed on the same footing as gynæcology. But whilst at every teaching hospital there are at least two gynæcologists on the staff, and at one no fewer than three, King's College Hospital alone recognizes diseases of children as worthy of a

permanent and distinct appointment. It is no disparagement to the science of gynæcology to insist upon the fact that, in ordinary general medical practice, for one case in which a special knowledge of it will be of service to its possessor, at least fifty will occur in which a competent knowledge of diseases of children would be highly desirable and useful. The disparity, then, between the manners in which the two subjects are recognized and represented by appointments on the teaching staffs of hospitals is inexplicable.

For the indifference displayed in regard to the study of children's diseases, the examining bodies are responsible to an equal extent with the hospital authorities. When the former insist upon an adequate knowledge of the subject from candidates, then the hospital authorities will be forced to make satisfactory provision for instruction in it. In a recent report upon an examination of the English Conjoint Board, the Visitors note with pleasure that a question was set upon the diseases of children. Reference to the examination papers, however, shows that the question calling for this admiration is only an addendum to one dealing with a complaint in adults. That the Visitors should have deemed such a circumstance worthy of special note is proof, if any were really needed, of the small attention paid by examining bodies to the subject in question. Still, the Visitors' action is a happy augury of amendment in the near future. Having regard to this, it was a matter of regret with many that in the new regulations of the University of London no special mention was made, even in a sub-section, of the diseases of children. To have done so would not have necessarily entailed any material change in the examinations, but the mere verbal inclusion of the subject amongst the others would have forced the hospital authorities to make more adequate provision for dealing with it.

The objections likely to be raised against the institution of another special department at the general hospitals, by which physicians would be permanently appointed to deal solely with children's diseases, can be readily anticipated. The one that there is nothing sufficiently special in the diseases of children to warrant such appointments is abundantly refuted by the example of foreign countries, and by the establishment of the present unsatisfactory temporary posts, and need not be further discussed. An objection sometimes raised that the bestowal of more attention on children's diseases would add to the cares of the already over-burdened student, is not valid. There are many complaints, common to both adults and children, which are more profitably studied in the younger subjects, and one who has

mastered the ordinary physical signs in children will have much less difficulty in dealing with the same in adults. The proposed additional department might alter a portion of the students' work, but would not necessarily increase it. Were there any ground for the objection, it would still have to be admitted that the present condition of affairs, in which a student is turned out inadequately equipped to deal with cases that will form a majority in his practice, is anomalous and calls for early change. So far from the student finding a children's department an additional burden, we believe he would welcome it in his days of study, as much as in his later qualified life he would certainly look back to it with gratitude and pleasure. We would, indeed, be disposed to go further and say that there is no department in which the advanced student can be so well trained in physical examination, and in which he can so surely acquire confidence in this all-important part of his outfit for successful practice. He is not confused or led astray by subjective symptoms or by an emotional "history"; the sick child neither exaggerates nor conceals. Further, there can be no better training in practical therapeutics; if a child is better or not better the fact is obvious. If its health has not improved, it conveys that discouraging fact without any sanguine attempt at concealment, and there is no more unalloyed pleasure than to witness the smile of the convalescent infant, who in some dim way associates the fact of returning health and freedom from pain and discomfort with its physician.

There is no need to labour the point further. Permanently-officered children's departments are an urgent need at all teaching hospitals, and the sooner each one follows the example of King's College and establishes such a department, the better for itself, the students, the patients, and all concerned.—*British Medical Journal*, Dec. 26, 1903.

RECENT CANCER RESEARCH.

WE reprint an excellent and calmly judicial editorial article with the above title, from the *British Medical Journal* of January 30th, giving a concise account of the results so far attained by the Cancer Research Fund. The remarks of the editor on the value and meaning of these investigations are the chief reason of our reprinting the article. He points out what is apt to be overlooked, namely, that the investigations, while throwing new light on the growth of cancer, "leave the problem of genesis of cancer practically untouched," and that the two problems—the processes of growth and extension of cancer, and the origin of it—are entirely distinct,

and that the researches hitherto "have been directed solely to the solution of the former," so that "the goal is not yet in sight." He also emphasizes the fact that "as far as the researches have gone, the results seem to us scarcely to warrant the statement made in certain quarters as to the 'wide field of possibilities' in regard to cures that have been opened up by these discoveries." To ascertain the mode of growth of cancer is a very different thing from discovering its cause, while it in no way assists us in pointing out the therapeutic means of cure. It is therefore very necessary to insist on these two prominent questions as the goal to be aimed at, and that we do not delude ourselves into thinking that discoveries as to the mere mode of growth have brought us any nearer to the essential problem of cancer cure.

"We publish elsewhere an important communication by Dr. E. F. Bashford and Mr. J. A. Murray, which was presented to the Royal Society on January 21st. In that paper are embodied some of the results of the investigations pursued during the past year in the laboratories of the Cancer Research Fund.

It will be seen that Dr. Bashford and Mr. Murray have confirmed and extended the results arrived at by Professor Farmer, Mr. Moore, and Mr. C. E. Walker, an account of which was given in the *British Medical Journal* of December 26th, 1903. The confirmation is all the stronger since the two groups of investigators started from wholly different stand-points. While, on the one hand, Messrs. Farmer, Moore, and Walker were led by a long comparative study of the general phenomena of cell division and reproduction to investigate cell division as it occurs in cancer in the human subject; on the other, Dr. Bashford and Mr. Murray approached the same question as the result of comparative study of the incidence of cancer throughout the whole animal kingdom.

In the first report of the Cancer Research Fund published last summer, it was pointed out that cancer must be regarded as part of a general biological problem, and a method of inquiry based on this principle was outlined by Dr. Bashford in a paper entitled the Problems of Cancer, which appeared in the *Journal* of July 18th, 1903. In following out the lines of inquiry there indicated Dr. Bashford has had the support of the Executive Committee of the Cancer Research Fund, and the willing co-operation of the many workers both in this country and abroad. During the past year specimens of malignant growths in the horse, the sheep, the pig, the mouse, the cat, the hen, the Indian parakeet, the salamander, the cod, the gurnard, and the trout, have been examined at the laboratories on the Embankment, and it has been proved

that in their clinical, pathological, anatomical, and microscopic characters the growths in these animals are in all essential features identical with those found in man. The wide diversity in the habitat, food, and mode of life of the animals suggests that the external conditions play only a secondary part in determining the occurrence of malignant growths, and appears to indicate that the cause of cancer must be sought in a disturbance of the phenomena of reproduction and cell life common to all forms of animal life in which it occurs. Hence purely cytological investigations must evidently have a most important bearing on the solution of problems connected with the unrestricted growth of cancer. It was, we suppose, the appreciation of this fact that influenced the Executive Committee to appoint Mr. J. A. Murray, who has had special experience in cytological investigations, to assist the Superintendent in the research proceeding under their immediate direction.

In a paper which we publish this week, the facts proving the occurrence of a reducing division in cancer cells, as first recorded by Farmer, Moore, and Walker, in man, are described as they occur in various animals; Dr. Bashford and Mr. Murray do not, however, commit themselves to any definite statement in support of the deductions drawn by these investigators as to the malignancy of cancer being due to tissues which have undergone a reducing division. Nor do they express any opinion as to the diagnostic value which has been claimed for the recognition of heterotype divisions in cancer cells, as contrasted with its absence in benign tumours.

To prevent misconception, it is necessary to emphasize the fact that the discoveries of Messrs. Farmer, Moore, and Walker, important as they are, have not dispelled the mystery in which the origin of cancer is enshrouded. As Dr. Bashford and Mr. Murray point out, although the phenomena of cell division, indicating a similarity to the normal reproductive tissues, may be held to explain the proliferative activity of new growth under favourable conditions, they leave the problem of the genesis of cancer practically untouched. They do, indeed, supply important indications of the character of the processes on the elucidation of which depends the solution of the problem. As far as the researches have gone, however, the results seem to us scarcely to warrant the statement made in certain quarters as to the 'wide field of possibilities' in regard to cure that have been opened up by these discoveries.

The Cancer Research Fund of the Royal Colleges may claim in the short period of its existence to have contributed

materially to the advancement of our knowledge of the nature of cancer. Since the publication of Virchow's work on cellular pathology, investigators have devoted all their energies to the study of the processes of growth and extension of cancer, without recognizing that the question of origin is entirely distinct. The two problems were differentiated from one another at the outset of the investigations of the Cancer Research Fund, and it must be repeated that the researches which have been published have been directed solely to the solution of the former. An important step forward has been made, but the goal is not yet in sight. It is to be hoped that the contributions to our knowledge of the nature of the scourge which levies so terrible a tribute of human lives, are but the first-fruits of an investigation that will place in our hands the means of preventing, or at least greatly mitigating, its ravages."

THE WATERS OF BATH AND RADIUM.

THE following important information regarding the presence of radium in the Bath waters we extract from the *Times* of January 6th :—

"At a meeting of the Bath Town Council yesterday Mr. E. Sturge Cotterell stated that Professor Dewar had, at the expense of the Royal Society and with their concurrence, collected the gases that arose in the largest and perhaps the best known of their hot mineral springs, the King's Bath. The analysis of the gases revealed the fact that the rare element helium existed in the waters. The existence of helium led to the belief that something more of scientific interest might be found to exist in the deposits that collected in the tanks and pipes at the three springs, and of which no knowledge existed. A few weeks ago a quantity of the deposit from the New Royal Spring was obtained and sent to the Hon. R. T. Strutt, son of Lord Rayleigh, who had written thanking the Baths Committee for their kindness in allowing him to have samples of the iron deposits left by the water of the hot springs. 'My experiments have,' he added, 'led to some conclusions which may, I hope, interest the Committee. I have found that the deposit contains radium in appreciable quantities, though I am sorry to say not enough to pay for extraction.' It will be remembered that the gas which bubbles up from the springs contains a small proportion of helium. Sir William Ramsay has recently made the most important discovery that radium slowly evolves helium by a spontaneous change. I think there can

be little doubt that the helium of Bath owes its origin to large quantities of radium at a great depth below the earth's surface. A little of this radium is carried up by the rush of hot water and is found in the deposit. My experiments promise further interesting developments, which I shall have much pleasure in bringing to the notice of the Committee in due course."

Besides the interesting fact that radium has been found in the Bath waters, the still more interesting question arises—Can it be that the therapeutic value of these waters is to any extent due to the presence of this wonderful substance? Too little is as yet known of radium, especially as a therapeutic agent, to answer this question. But as we shall by degrees get to know more of its power and action as a remedy, it will be extremely interesting to watch its pathogenesis, and see if it in any way accounts for the beneficial action of the Bath waters.

BURNETT MEMORIAL FUND

Since last announcement, the following Donations have been received.

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|------------------------|----|----|---|----|---|
| Mrs. von Strelendorff | .. | .. | 1 | 1 | 0 |
| Mrs. Drew | .. | .. | 1 | 1 | 0 |
| Edwin Ashdown, Esq. | .. | .. | 5 | 5 | 0 |
| J. Bradley Smith, Esq. | .. | .. | 1 | 1 | 0 |
| Mrs. Clarke | .. | .. | 1 | 10 | 0 |

THE HAHNEMANN CONVALESCENT HOME AND DISPENSARIES, BOURNEMOUTH.

ANNUAL MEETING.

THE following interesting report we take from the *Bournemouth Observer and Chronicle* of Jan. 30th.

"The annual meeting of the subscribers to the Hahnemann Convalescent Home took place at the Home on January 27th, among those present being Sir Edward Durning Lawrence, Bart., the Rev. E. G. Phipps Eyre, Drs. H. Nankivell (chairman of the committee), B. W. Nankivell, Ord. and Giles, and Messrs. W. J. Meredith (secretary), J. A. Clement Brown (treasurer), W. Fisher, A. Peach, J. Berry, J. T. Snell, Langley Taylor, J. A. B. Williams, and Messrs. A. T. Borthwick and E. G. Marshall, the secretaries respectively of the Bournemouth and Christchurch Hospital Sunday Funds.

Dr. H. Nankivell said Lord Malmesbury was announced to preside over the meeting, but on Sunday morning he received a letter from him regretting that he was unavoidably prevented leaving London. Having read the letter, Dr. Nankivell proposed that Sir Edwin Durning Lawrence, an old friend of the institution, should take the chair, and it was unanimously agreed to.

Letters of apology had also been received from Colonel Day, Southampton, and the Revs. F. E. Toyne, chaplain, and F. Young, acting-chaplain.

The reports were then read, the secretary reading the general report, the treasurer the financial statement, and the registrar (Dr. B. W. Nankivell) the medical report. Sub-joined are some of the more interesting paragraphs from the reports.

The general report, the 25th annual report of the committee for the year 1903, was read by the secretary, Mr. W. J. Meredith, and while recording a continuation of the good work done through the instrumentality of the institution, had to tell of much that had caused anxiety in relation to the financial outlook. The number of in-patients received during the year was less than in 1902, owing largely to the long period during which the home was closed for the alterations, resulting in some four or five weeks loss of working time, and also causing the unusually numerous admissions of December to be postponed to the new year. It was felt, however, that ample compensation for this apparent loss of time would be found in the future, when the full advantages of the increased accommodation and the improved conditions of the house generally shall have been realised. The localities from which the patients came may be tabulated as follow : Herefordshire, Hertfordshire, Durham, Lancashire, Leicestershire, Cambridgeshire, Dorsetshire, Gloucestershire, Bedfordshire, Norfolk, Northamptonshire, one each ; Devon, Sussex, Isle of Wight, Scotland, Ireland, two each ; Surrey, Staffordshire, Wiltshire, Cornwall, Middlesex, Suffolk, three each ; Yorkshire, Essex, Berkshire, Wales, four each ; Warwickshire, five ; Kent, six ; Somerset, six ; Worcestershire, ten ; Hampshire, twenty-five ; London and suburbs, thirty-two. The lady superintendent, Miss Hill, and her assistant nurses had devoted themselves thoroughly and efficiently to the numerous duties devolving on them. The anonymous friend who through Dr. Hardy had for the past two years so generously given £50 per annum to provide a night nurse, had again repeated the gift, which is a boon of the highest value to the institution. At the dispensaries 1,061 patients had been treated, and at their own homes and the Cottage Home 331, to whom 1,389 visits were paid. Altogether 1,392 patients had been seen, involving

4,593 attendances. Two new life governships had been constituted during the past year, and the committee, in accordance with the rules, had set on one side for permanent investment two-thirds of the sum thus received. It had pleased Lady Tate to endow one of the beds in memory of her late husband, whose interest in the home had been continuous for many years. The committee gratefully accepted her offer, and were proud that the home should possess within its walls so beneficent a memorial of one who would never be forgotten as an enlightened patron of the noblest art, and as a philanthropist to whose munificence is due the building of the Hahnemann Hospital in Liverpool.

Mr. Brown read the financial statement, from which it appeared that the income on the revenue account had been £116 less than in the previous year, the difference being accounted for by the fact that no legacies had been received, whereas in 1902 two legacies amounting to £117 were received and appropriated to this account. The annual subscriptions were about the same. On the other hand the total expenses were £88 less, and that was accounted for by a saving in provisions, due to the home being closed for a longer period than usual owing to the alterations. The deficit for the year was £184, or £28 more than in 1902. The total deficit on the income and expenditure account to date was £456 0s. 8d. During the spring months the committee had to face the fact that the deficits of the two previous years were still growing during 1903, and a determined effort was made to raise £500 to wipe out the triple deficit which would accrue by the end of the year. Encouraged by a promise of £100 from the president, and of £50 from Sir W. E. Cooper, this effort was successfully carried to a conclusion. But, in the meantime, it became urgently necessary to re-cast the whole drainage system of the home, and to rearrange and enlarge the larder and pantry, and the basement offices generally. The expenses of these alterations and additions amounted to close on £1,000, raising the sum to be specially appealed for from £500 to £1,500. On the personal guarantee of certain members of the committee, the bankers had advanced the necessary funds for the payment of these alterations. A lady friend of the institution had most generously given £200 towards the amount needed. Earl Dysart has promised a further £200 conditionally on the whole balance being made up. The Lady de Tabley has also promised £50, and the ladies interested in the home had with much generosity and devotion, undertaken a bazaar to be held next week, February 3rd and 4th, at the Mont Dore Hotel, which it was hoped would raise the balance required to meet all this heavy outlay.

The income of the home during the last year amounted to £1,555 6s. 3d. ; the annual subscriptions being £425 6s. ; the donations £207 7s. 9d. ; Hospital Saturday and Sunday Funds (London, Christchurch, and Bournemouth) £102 5s. 6d. ; church collections £13 10s. 7d. ; interest on invested property £251 11s. 1d., and patients' payments £471 14s. 6d. The deficit on the year's working was £184 16s. 4d ; the total deficit in working expenses at the end of last year being £456 0s. 8d. During the year the sum of £1,000 was received to endow a bed in memory of the late Sir Henry Tate. The heaviest items on the expenditure side were : provisions £617 19s. 1d. ; drugs, chemicals, etc., £178 12s. 1d. ; domestic expenses £331 10s. 2d. ; establishment charges £138 16s. 1d. ; and salaries and wages £375 4s. 10d. The accounts had been audited by Messrs. Bicker & Pettitt.

Dr. B. W. Nankivell read the medical report, which stated that in the in-patient department 66 men and 73 women had been admitted during the past twelve months, making a total of 139 ; including those remaining in the home at the beginning of the year, the grand total was 171. The average stay of patients was fifty days ; reckoning, however, special extensions it amounted to seventy-three days. The results of the cases treated had been as follow : 8 cured, 76 much improved, 49 improved, 9 unimproved or discharged as unsuitable, 28 remaining in house. As regarded the out-patient department, the year, although unusually wet, had on the whole proved a very healthy one, which was shown by a decrease in the number of gratuitous patients and the small mortality, viz., 3 against 13 in the previous year, in the dispensary work. At the Western Dispensary 594 persons had sought relief with a total of 1,892 attendances. The number of patients at the Eastern Branch was 467 with 1,312 attendances ; 331 persons were visited at their own homes and at the Cottage Home, and 1,389 visits were paid to them. There had been three deaths among those attended as out-patients. The results of other cases had been as follow : recovered, 540 ; much improved, 294 ; improved, 394 ; unimproved, 32 ; no report, 40 ; sent into home, 5 ; under treatment, 84 ; total, 1,392. This report was signed by Herbert Nankivell, M.D., W. G. Hardy, M.B., W. T. Ord, M.R.C.S., L.R.C.P., and B. W. Nankivell, M.R.C.S., L.R.C.P.

The treasurer appealed for more annual subscribers to the Home.

The Chairman, in moving the adoption of the reports, said that sometimes it was worth while reminding themselves that till the advent of Christianity there were no hospitals. People cared for the brave and the strong and the healthy, but the

wheel passed over the weak and the poor. Nowadays, taught by a higher wisdom, they strove to seek and to save that which appeared to be lost. Some of the greatest men in the world had run the risk of being cast out as wastrels in their youth. Sir Walter Scott, who was paralysed when he was three years old, would have been thrown away on the dunghill if he had been born a couple of thousand years ago. At the present day there were hospitals and convalescent homes, but surgery and physics were making such giant strides that hospitals which had hitherto been deemed perfect now seemed to be anything but perfect. The Chairman referred to the proposed enlargement of St. Bartholomew's Hospital, which he described as one of the greatest hospitals in the world ; and to the rebuilding of the Children's Hospital, London, for which £80,000 was required. All hospitals seemed to be asking for money, but the generosity of the people seemed to be extended towards them. Guy's Hospital a few years ago asked for between £200,000 and £300,000, and got it, while those responsible for the up-keep of the Hahnemann Home were only asking for a comparatively small sum in order that that extremely useful institution should be carried on free from debt. The speaker alluded to the difference between homœopathy and allopathy, and said that years ago when only allopathy was practised, doctors used to prescribe medicine by the gallon, but wise mothers threw it out of the window. (Laughter.) Homœopathy was started, not to prescribe gallons of medicine, but to try and see if something could not be found to affect some part of the human body. He did not say that it was all true, but there was something in it, and the result was that few allopathists declined to use homœopathic medicines. The disease known as the sleeping sickness (which is said to be produced by the bite of the tsetse fly) was instanced by the Chairman to show how small things can produce sickness and death, and, he said, if such small things could bring about death, might there not be equally small things by which the human body might be saved ? Passing on, the Chairman contrasted the present open-air treatment of consumption with the old-fashioned treatment in heated rooms with tightly-closed windows. He had asked himself if there was any convalescent place in England, nay in the whole world, as large as Bournemouth and its adjacent villages. He almost thought Bournemouth was the largest health resort in the world, and that being so there was good reason for placing a Home like the Hahnemann Home in the town. He was proud to have the opportunity of moving the adoption of the report, and of wishing God-speed to the institution. (Applause.)

Dr. H. Nankivell, in seconding the adoption of the report, appealed for further subscriptions. Last year £1,740 was spent in connection with the home, and that sum could not have been got together without the most thorough co-operation on the part of the supporters of the home. If each subscriber would secure another subscriber of £1 a year he thought there would be no difficulty about the home paying its way. During the past three years nearly £500 more than had been received had been spent, and that was not a healthy state of affairs. Each friend of the home ought to feel that a real disgrace, and to see to it that at least £150 more per annum was subscribed. If the patients did not receive the best of treatment, it would be a dereliction of duty to which he was sure no member of the medical staff would be a party. (Applause.)

The reports having been adopted

Dr. Ord, in the absence of Dr. Hardy, made a brief statement of the work of the home from a medical point of view, and referring to the small proportion of cases which were reported as "cured," said that no case was marked 'cured' until the patient had been watched for some time after leaving the home, and until it had been proved that there was no recurrence of disease. It was a matter for congratulation that no death from phthisis had occurred in the home during the past year.

On the proposition of Dr. Giles, seconded by Mr. Williams, Earl Dysart was re-elected president of the home.

The Chairman, replying to a vote of thanks which had been accorded him on the proposition of Mr. Snell (who had responded to the expression of thanks contained in the last resolution), seconded by Dr. H. Nankivell, said he would at all times be willing to do all he could to further the interests of the Hahnemann Home.

BAZAAR IN AID OF THE HAHNEMANN HOME, BOURNEMOUTH.

THE Bazaar in aid of the above admirable Institution, which we announced in a former number of the *Review*, took place on Wednesday and Thursday, Feb. 3rd and 4th. It was a wonderful success, and we warmly congratulate Bournemouth and all connected with the Hahnemann Home on the result. Dr. Herbert Nankivell writes to us, "You will be glad to hear that the Bazaar realized over £1,000, after payment of all expenses. The President (the Earl of Dysart) has also

just contributed £200 to the funds of the Home, so that the debt for drainage, new buildings, and alterations, has been completely wiped out. The Home exists *not for Bournemouth*, but for the country in general. The deficit on each year's work approaches £200. It is important that the recurrence of this deficit should be rendered impossible by an increase in annual subscriptions of from £150 to £200." It will be seen from the Annual Report of the Home which we publish in this issue, that patients come from all parts of the country, and even from Scotland. The Home, therefore, is not a merely local institution, which ought to be supported locally, but one that benefits and is taken advantage of by the whole country, and therefore ought to have outside as well as local support. We trust that the annual deficit may be done away with in the future. The energy displayed in getting up a bazaar which will bring in over £1,000, after payment of all expenses, reflects the greatest credit on the enthusiasm for the good cause shown by all connected with and interested in the Home.

The following account of the Bazaar we take from the *Bournemouth Visitors' Directory*.

"Enterprises in the name of religion or sweet charity are very numerous in Bournemouth, and bazaars in aid of either—though both are properly comprehended in the term religion—form an ever-recurring feature of the life of the community. The two days' bazaar held in the Mont Dore Assembly Room on Wednesday and Thursday, like most local bazaars, comes within the category of pure disinterested benevolence, and it deserved the success which it achieved. Its object was to raise £1,000 to defray especial expenditure which has recently been incurred in structural alterations at the Hahnemann Home, an institution for the open-air treatment of chest complaints, whose excellent work is too well known to need mention. For months past a number of ladies have been industriously, and perhaps anxiously, making preparations for the bazaar, and visitors to the sale room on Wednesday who were strangers to this work might pardonably have been surprised at the large collection of valuable goods displayed. The bazaar took the character of an 'Oriental Bazaar.' All the stalls and general decorations were effectively arranged so as to give an eastern appearance, and it is not too much to say that the hall was transformed beyond recognition, thanks to the skilful designing and execution of Messrs. F. Wilkins & Brother, bazaar and ball-room decorators, 54, Whitechapel, Liverpool.

The influential list of patrons and patronesses of the bazaar is as follows: The Duchess of Portland, the Marchioness

Dowager of Conyngham, the Countess Cawdor, the Dowager Countess Cairns, the Dowager Countess of Harrowby, the Countess of Home, the Dowager Countess of Kintore, the Countess of Leven and Melville, the Countess of Malmesbury, the Countess of Portsmouth, the Countess of Wharncliffe, the Lady Mary Arkwright, the Lady Barrymore, the Lady Courtenay, the Lady Theodora Guest, the Lady Allee Leslie, the Lady Anne Marsham, the Lady Mary Marsham, the Lady Monkbretton, the Lady Maria Ponsonby, the Lady de Tabley, Lady Alabaster, Lady Bedford, Lady Sievewright, Lady Tate, Lady Walker, Lady Wills, the Hon. Mrs. Dundas, Mrs. Balfour, Mrs. Leonard Browne, Miss Fenwick, Mrs. Maxwell Goad, Mrs. Lefroy, the Misses Rooper, the Earl Cawdor, the Earl Dysart, the Lord Barrymore, the Hon. Sir James Sievewright, K.C., the Hon. General Ponsonby, Sir Thomas Bazley, Sir Edward Walker, Major Balfour, M.P., Mr. Hunt Hobson, Mr. Rignall, and Mr. Hamilton Yatman.

On each day vocal and instrumental entertainments were given, the contributors including Miss Dorothy Davis, Mr. Mannell, Mr. D. Fuller, Mr. Walter J. Evans, Signor Bertoncini, and Mr. Reginald Down. An exhibition of the mysterious new element, radium, by Messrs. Gilbert and Hall, was another means of adding to the bazaar funds, and very lucid were the lectures given by Mr. Hall and Mr. Nairne.

The bazaar was opened at noon on Wednesday by the Lady Charlotte Smith Barry, in the presence of a large and influential company. In addition to the stall-holders, there were present the Mayor (Ald. J. Elmes Beale, J.P.), the Revs. F. E. Toyne (Hon. Chaplain of the Hahnemann Home), E. G. Phipps-Eyre (one of the acting-chaplains), A. W. Stote, and G. Parter, Drs. H. Nankivell (Chairman of Committee), B. W. Nankivell, Hardy, Giles, and Ord, the Dowager Countess Cairns, Lady Frederick Wills, Mrs. J. J. Allen, Mrs. Petter, Mrs. J. Roberts Thomson, Miss Twells, Messrs J. T. Snell, A. Clement Brown (Treasurer), W. J. Meredith (Secretary), J. A. Branton, W. F. Snell and others.

The Rev. F. E. Toyne having opened the proceedings with prayer, Dr. H. Nankivell called upon the Mayor to say some words of encouragement.

The Mayor said he had readily accepted the invitation to be present in order, on behalf of himself and the majority of the townspeople, to express the hope that the bazaar would be a success. They rejoiced in the fact that such Homes as the Hahnemann Home were established to benefit and bless the needy, and it was because as a community they felt those institutions were doing immeasurable good that they wished the bazaar every success. He sometimes thought they looked

upon duty rather too severely. They forgot that it was not only a duty to help every good work, but a privilege also. He felt sure it was only as they realised their privilege in being permitted to help any good cause, that they would realise the joy of benevolent work. In helping a work such as the Hahnemann Home, which had done such good in the town, and not only for the town, but for those who came to Bournemouth from other places, they would be fulfilling the wishes of Him who came to teach them to succour the needy and to help those who were in distress. On behalf of the people of Bournemouth, he wished for the Hahnemann Home a brilliant future (applause).

Dr. H. Nankivell expressed his regret that the Marchioness Dowager of Conyngham was prevented, through the illness of a relative, from attending and performing the opening ceremony, as she had intended, but said the Lady Charlotte Smith Barry had kindly consented to take her place.

The Lady Charlotte Smith-Barry, in opening the bazaar, said she thought the object which had called them together was one which must appeal to everyone present. Most of them had had a friend who had benefited by the wonderful open-air treatment, and they all knew the advantages of the beautiful Bournemouth climate. She understood that the Hahnemann Convalescent Home, which was on all hands allowed to be admirably managed, was not only of local benefit, as patients came to it from all parts of the United Kingdom. It was, therefore, to be hoped that visitors, as well as residents, would take an interest in the success of that two days' sale, and that the promoters of what appeared to be a most beautiful bazaar, would be rewarded by very large financial results (applause).

A beautiful bouquet of choice flowers was then presented to the Lady Charlotte Smith Barry by Miss Audrey Nankivell, and immediately afterwards a handsome basket of flowers was presented by Mr. Wm. F. Snell to Mrs. Nankivell, on behalf of the committee of the Home, in recognition of her untiring efforts in the arrangements for the bazaar."

OBITUARY.

DR. HORACE M. PAINE.

WE regret to have to record the death of Dr. Horace M. Paine, of Albany, New York, which occurred on Dec. 5th, 1903, at his son's house in Atlanta, Ga., at the age of 76, after a week's illness, from pneumonia. We take the following

sketch of him and his active career from the *Newton Graphic* of Dec. 11th.

"With Dr. Paine's death, a life of singular usefulness and activity is brought to an earthly close, a life characterized by tireless energy spent in every effort for broad and better conditions. He had an intense earnestness in the prosecution of every undertaking; rare executive ability; breadth of view and grasp of principles; an indomitable perseverance. He freely spent himself and his powers in the many causes which he championed, and more than one organization and institution are monuments to his personal work.

As these efforts are witness to his professional and public activities, the characteristics which marked his social and private life are best attested by the many devoted friends to whom his death will come as an irreparable loss. His sincerity, his warm-hearted and genial nature, were never failing, and he was in the best sense a true friend to all who came to him. His home life was especially happy, and his death comes as the first one in the family circle, unbroken for more than half a century, as he and Mrs. Paine were privileged to celebrate their golden wedding on April 15th, 1902, surrounded by their children and grandchildren. This happy event occurred in West Newton, at the home of Dr. N. Emmons Paine.

He was connected with many social organizations, among which was the Society of Founders and Patriots of America, and the New England Society of Alumni of Hamilton College.

Horace Marshfield Paine, A.M. M.D., was born at Paris, Oneida County, N.Y., November 19th, 1827. He was of English descent, his ancestors first settling at Salem, Mass., in 1637, and moving thence to Southold, L.I.

Dr. Paine was the son of Dr. John Alsop Paine, with whom he took his preparatory medical course, later attending the University of the City of New York, where he graduated in 1849. He at once began practice in Albany, later removed to Clinton, N.Y., and in 1865 returned to Albany, where he remained in active practice for thirty years. In 1895 he relinquished his practice, and since then has spent his time at West Newton, and in Atlanta, Ga., at the homes of his eldest and youngest sons, Dr. N. Emmons Paine and Dr. Clarence M. Paine. Dr. Paine was the first young physician to begin homœopathic practice in Albany. During his long life, he so identified himself with his chosen school of medicine that a full description of his efforts in connection with it would constitute a fairly complete record of the development and progress of homœopathy in New York State for the first forty years of its history.

He devoted the greater part of his professional life to medical society work, assisting in the formation and development of

many medical societies, which owe much of their present standing to his untiring industry and practical sagacity.

Chief among these is the Homœopathic Medical Society of the State of New York, which was founded in 1850, and whose first meeting he attended. He was the last surviving charter member of the society. In the important work of the society he took a prominent part. He served as secretary and president, edited and compiled the first ten volumes of its "Transactions," and as chairman or member of many important committees, particularly that of medical legislation, he laboured to advance the prestige, influence, and high standing of the homœopathic school. He was also prominent in the long effort by which the school he represented became legally recognized in New York State, and acquired all the rights and privileges accorded to other systems of practice.

Another canvass in which he took an active part was that for unifying and elevating the standards of medical learning by means of state supervision of medical licensure. In connection with the new rules for enforcing this law for state supervision, he was twice appointed by the Board of Regents as a member of the state Homœopathic Examiners, on which he served for twenty-one years.

He was prominently identified with the founding of some of the first homœopathic hospitals of New York State; was a member of the first board of trustees of the Albany City Homœopathic Hospital and Dispensary, and a member of its medical staff; an incorporator of the Middletown State Hospital, and was largely instrumental in securing the bill by which the Gowanda State Hospital for the Insane was established, which Institution he served as a member and secretary of its first board of managers.

For all of these many organizations, Dr. Paine laboured in season and out of season by extended correspondence, by issuing articles and pamphlets, and by devoting to their interests all the efforts he could spare from a large private practice."

CORRESPONDENCE.

THE TABLOID CASE.

To the Editors of the "Monthly Homœopathic Review."

SIRS,—In the January number of the *Homœopathic Review* you speak with a somewhat uncertain voice about the use of the word "tablet" previous to the registration of the word "tabloid" as a trade mark by Messrs. Burroughs & Wellcome,

in 1884. It is a matter of great surprise to us to find that anyone has the slightest doubt on this point. We were in the habit of importing Messrs. Boericke & Tafel's sugar of milk tablets long before that date, and believe that they were the first to prepare tablets of any kind. As a matter of fact, Messrs. Burroughs, Wellcome & Co. actually registered the word "tablet" as a trade mark, but were unable to use it as such on account of its current use at the time. It would simplify matters greatly, and prove the greatest boon to all homœopathic chemists, if our medical men would carefully use only the old word "tablet" or the abbreviation "tab" when prescribing.

Another aspect of the case which seems to have escaped your attention is the gratuitous insult offered to some of our best witnesses, because, forsooth, they are Homœopathic practitioners! The homœopaths of a few years back would scarcely have taken this "lying down." Being parties in the action, it is not for us to take up the cudgels, but surely some public protest should be made against the assumption that the evidence of a homœopath is of less weight than that of an allopathic practitioner.

Yours faithfully,

THOMPSON & CAPPER.

55, BOLD STREET, LIVERPOOL,
January 20th, 1904.

BRITISH MEDICAL ASSOCIATION AND
MR. GERARD SMITH.

British Medical Association,
General Secretary's Office,
429, Strand, London, W.C.,
February 11, 1904.

DEAR SIRS,—I notice in the February issue of the *Monthly Homœopathic Review*, p. 77, that it is stated that Dr. Gerard Smith is a member of the British Medical Association.

I should be glad if you would take an early opportunity of correcting this statement, as Dr. Gerard Smith ceased to be a Member in December, 1899.

I am, yours faithfully,

GUY ELLISTON.

Messrs. E. GOULD & SON, LTD.,
59, MOORGATE ST., E.C.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and **CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E.C.; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL** (In-patients, 9.30; Out-patients, 2.0, daily); **SURGICAL**, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. CLARKE, Dr. BURGESS, Dr. ROBERTSON DAY, Dr. BLACKLEY, Dr. GOLDSBROUGH, Dr. DUDGEON, Lieut.-Col. DEANE (London); Dr. H. NANKIVELL (Bournemouth); Dr. CLIFTON HARRIS (Brighton); Mr. J. M. WYBORN, Mr. P. CHALMERS MITCHELL, Mr. GUY ELLISTON, Mr. FREDK. KING (London).

. *British Homœopathic Association.*—We regret that a further list of Donations and Subscriptions has been crowded out this month. It shall appear in April.

BOOKS RECEIVED.

Zoological Record. Protozoa. By H. M. Woodcock, B.Sc. *The Final Results in Operations for Myomata and Fibro-Myomata Uteri.* By N. W. EMERSON, M.D., Boston, Mass. *Rationalism and Medicine.* By Charles W. Hayward, M.D. Bale, Sons and Danielsson, 1904. *25th Annual Report of the Hahnemann Convalescent Home and Dispensaries, Bournemouth, 1904.* *Dispensing made Easy.* By W. G. Sutherland, M.B. Bristol: John Wright & Co., 1904. *A Guide to Urine Testing for Nurses and Others.* By Mark Robinson, L.R.C.P. and S. (Edin.) Bristol: John Wright & Co. *Memoranda on Infectious Diseases.* By James W. Allan, M.D. Bristol: John Wright & Co. *The Pathogenic Microbes.* By Dr. M. A. P. Jousset. Translated by Horace P. Holmes, M.D. Philadelphia: Boericke & Tafel, 1903. *The Infectivity of Enteric Fever.* By Alexander Collie, M.D. Bristol: John Wright & Co., 1904. *Are we to have a United Profession?* By Charles H. Mack, M.D., La Porte, Indiana. *The Homœopathic World*, February. *The Journal of the British Homœopathic Society*, January. *The Vaccination Inquirer*, February. *Bournemouth Observer and Chronicle*, January 30. *The Calcutta Journal of Medicine*, November and December. *The Indian Homœopathic Review*, Oct., Nov., Dec. and Jan. *The Doctor*, January. *The Homœopathic Recorder*, January. *The Clinique*, January. *The North American Journal of Homœopathy*, February. *The Homœopathic Envoy*, February. *The Pacific Coast Journal of Homœopathy*, January. *The Medical Century*, February. *The Medical Times*, New York, February. *The American Medical Monthly*, Nov., Dec. and Jan. *The Medical and Surgical Reporter*, January. *The Hahnemannian Monthly*, February. *The Medical Brief*, January and February. *Revue Homœopathique Française*, January. *Allgemeine Homœopathische Zeitung*, Jan. 28 and Feb. 11. *Leipziger Populäre Zeitschrift für Homœopathie*, February. *Homœopathisch Maandblad*, January and February.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SONS, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE NURSING HOME, LANSDOWN GROVE HOUSE, BATH.

THE interesting report of the annual meeting of the Bath Homœopathic Hospital at Lansdown Grove House, with which the Nursing Home is in connection, will be found in our *Notabilia*. In presenting the Trustees' Report of the Nursing Home, Dr. PERCY WILDE read a most important paper on the subject of the Home, its aims, methods, and its great success, which is so interesting and instructive that we deem it worth while to separate this from the Hospital report, and reproduce it in the more prominent form of the present article. We reserve further remarks till after our readers have had the opportunity of perusing Dr. WILDE's paper, which is as follows :—

LANSDOWN GROVE HOUSE.

Trustees' Report.

Twelve years have passed since this Institution commenced its work, and it may be of some interest to look back upon the ideals which led to its foundation, and see how far we have been able to carry them into practical effect.

Much had been done to provide the poor with skilled nursing during illness by our hospitals and medical charities, but the same advantages were practically unattainable by people of small and moderate means, and even those who could afford the charges of the most

expensive Nursing Homes found much wanting that might reasonably be desired. The art of nursing had grown up under the conditions of the huge Metropolitan Hospitals, where, owing to the numbers to be dealt with, something like the regimental system had to be observed. The Nursing Homes had reproduced the conditions of the Hospital, without regard to the fact that the private patient, accustomed to the ordinary comforts of home, derived no special benefit from bare boards and scant furniture, nor did they need to be impressed with a sense of restraint and discipline.

It was sympathy with the suffering and infirm which led Miss JENNINGS to give Lansdown Grove House and its grounds for their use, and it was the same sympathy which governed all the arrangements made for their comfort and efficient treatment. It was for this reason that Lansdown Grove House was selected. Situated 420 feet above the sea, facing south, well sheltered on its north and east, with a pleasing prospect from every room, it gave every advantage needed, because in winter patients can be out of doors, and in summer the bracing air and the shady grove within the grounds makes it a pleasant place for those who need rest and treatment. Owing to the selection of this site our work is little influenced by the season of the year, and it is with difficulty that we can reduce it sufficiently during the month of August to give the majority of the staff a holiday. In the furnishing of the rooms every effort was made for the comfort of the patient. For surgical or operation cases we built four wards with wood-block floors, with no crevice where a germ could lurk, and so arranged that all the air admitted to the room could be filtered or charged with an antiseptic; but for other cases we adopted the view that carpets and arm-chairs bring more solace to the invalid.

It is not only the physical, but the mental comfort of the patient which we had to consider. So deeply rooted is the idea that a Nursing Home is a place of rules and discipline, that we found it necessary to impress upon patients on admission that there are no rules other than those which their physician may prescribe for their benefit, and that by asking for anything they might want at any hour of the day or night they would cause trouble to no one.

Our experience is, that private patients are far more prone to lack something for want of asking, or put up with something for fear of complaining, than the reverse; that it is far more important to impress them with the fact that the work is so organized that their wants cause no trouble, than to lead them to think that they must comply with rules and discipline. Once it is recognized that every member of the staff is only too anxious to do everything possible for the comfort of patients, and the necessity for rules disappears; it resolves itself into a general sense of good feeling, and this is the secret of that smooth working of the Institution which is so frequently remarked upon by the patients who come to it.

The next point we had to consider was to provide a perfect equipment for the treatment of patients. It was necessary that we should have such appliances as would enable us to give any kind of bath, or physical or electrical treatment, which the patient's case might require, and, having regard to the number of cases of rheumatism and serious infirmity sent to the Institution, it was also necessary to so improve upon existing appliances that neither heart disease, great debility, nor age were any bar to baths being administered to rheumatic patients.

Not only are the ordinary Nursing Homes almost destitute of the simplest appliances for treatment, but the nurses are not trained in either physical, thermal, or electrical methods. When such treatment is ordered it means the employment of special nurses, and additional cost to the patient.

It was necessary, therefore, for us to train our own nurses, and our experience has led us to hold the view strongly that such nurses should be drawn entirely from the educated class, and we find that social training renders them more adaptable to the ever-varying conditions of private nursing.

As a result of this training we are able to send out nurses to private cases, whose single aim is to be helpful in time of sickness, and who can administer any form of treatment which the attending physician may require. They invariably give satisfaction, and we regard the training of such nurses as one of the useful features of the Institution.

It will be seen that the whole machinery which we bring to bear upon the relief of suffering has had to be

built up on new lines, and that an intelligent appreciation of purpose has been necessary from all those who have had to take part in its work. There was another object which we had in view. This Institution was intended as a contribution to the important subject of hospital economics. So far this question had involved the consideration of methods which would prevent any but the very poor from obtaining hospital treatment, and also the study of the degree of cheapness with which it is possible to feed the hospital patient.

We started at the other end of the scale. We tried to provide for those who were able to fully pay for the services rendered, and we argued that if we could provide for such patients with greater comfort and efficiency at a smaller cost than they could obtain equal advantages outside, we should offer the best inducements for such patients to come to it. When we had a sufficient number of such patients to cover the administrative expenses, it would be possible to admit others at less than the actual cost of treatment, and in this way provide for a class whose needs are met by no existing institution. As we are self-supporting, and make no appeal to the charitable for funds, we can give this help without exposing its recipient to the taint of charity; on the contrary, we feel it a privilege to help those upon whom sickness imposes a burden greater than they can bear.

It is important to explain this, because a pamphlet has been recently issued by a local surgeon in which the idea is put forward that a medical charity, where all administrative expenses are covered, could set up private wards on much cheaper terms than the ordinary Nursing Home. This is quite true, but it would be the funds of the charitable which made this possible, and this is what we think should be avoided. The plea put forward in favour of the scheme is that there are no Nursing Homes in Bath where patients are received at less than from £3 3s. to £5 5s. a week. No mention is made of Lansdown Grove House, and it might be supposed that the writer was unacquainted with the large amount of work we had done in providing for persons of small means; but on reference to the books of this Institution we find that he was treating patients in our private wards for fifty-one weeks during last year, and the highest price paid by any one of these patients was one guinea a week! During last year the number

of patients received below cost was almost equal to the number of ordinary patients, and we allowed our humanity to so far run away with our finances that we made a deficit of £90.

This Institution was founded as a model which we hoped would be copied. It will be always a pleasure for us to help those who desire to do so ; but every detail of its organization is necessary to its success, and we would only ask that these be studied before fresh attempts are made.

It was sympathy for the sick and infirm which led Miss JENNINGS to lay the foundation of this Institution, and it is this sympathy which is the key-note of its work, and has enabled us to realize the ideals with which we started.

We were handicapped by starting on too small a scale. During the past ten years we have increased our private wards from six to twenty-one ; our revenue from £550 per annum to about £2,000. This has been accomplished partly by the help of a few private friends, but largely by incurring heavy responsibilities as regards interest and rent. We are now in a position to do more good than at any previous period. Our only difficulty is to secure accommodation for the increasing number of patients. Every increase means a larger amount of help to the least fortunate, and it is only those who have our experience who can realize what this means.

We have developed a system by which the simple expenditure on building becomes an endowment, and requires no further help from the benevolent. We have the freehold land on which to build, and any philanthropist who wishes to benefit a class of patients who are at present unprovided for, has an opportunity of doing so at an almost nominal cost. The trustees will be glad to consider any proposition of this kind, and assist in carrying it into effect.

We think our readers will feel that we are fully justified in placing the above paper by Dr. PERCY WILDE in this prominent position in our *Review*, instead of printing it at the end of the newspaper report of the annual meeting of the hospital. The importance of the paper is evident from various points of view. First, as to the management, methods, and arrangements of the Nursing Home, so

different from the ordinary "common or garden" nursing home, with its rigid rules and red tape, the problem seems to have been solved by the conversion of Lansdown Grove House into what is as near the idea of one's real home as the circumstances permit. Next, this is not merely a theoretical idea of how this thing should be done, but the idea is shown in working order, and what is more, its success is so pronounced that the beds are always full, and the Home becomes self-supporting. In this way not only is there no financial difficulty, but the fact that no appeal for aid in its support is required, removes entirely the feeling of the inmates of the Home that there is anything in the way of acceptance of charity in their going there for treatment.

Further, so successful is the financial result of the methods adopted at Lansdown Grove House, that the surplus proceeds are able to be utilized for giving the same benefits to a class of patients who cannot afford to pay even the moderate weekly expense of the Home, and who obtain thus equal comforts and benefits at a ridiculously small cost. This is really one of the most interesting and striking features in the whole scheme.

In fact the Lansdown Grove House Nursing Home stands foremost as an object lesson of "how to do it," in contrast to other institutions where "how not to do it" seems to be the rule.

It is a regrettable fact that the Bath surgeon to whom Dr. WILDE alludes should have read, and had reprinted, a paper at the Bath and Bristol Branch of the British Medical Association on "A Scheme for the Provision of Nursing Homes at moderate prices for the middle classes, and for the relief of the financial difficulties of Provincial Hospitals," and in it made no allusion to Lansdown Grove House. The general ignorance of homœopathic institutions, to say nothing of ignorance as to the principles and practice of homœopathy, which exists so widely among the members of the old school, might be supposed to account for this remarkable omission. But when, as Dr PERCY WILDE points out, the author of the pamphlet had such full personal knowledge and experience of the ways, working, and benefits of Lansdown Grove House, the omission of any allusion to it whatever is of a kind that

we forbear to characterize in the terms it deserves. We do not envy the "ethical" sense of a man who can allow professional prejudice so to warp his judgment as to permit him to ignore, in addressing his professional brethren of the old school, the benefits that he was glad to avail himself of in his practice. Had Lansdown Grove House not been a homœopathic institution, combining the homœopathic hospital and the nursing home, though they are kept quite separate, we venture to say that its light would not have been kept under a bushel, but would have been brought very much to the front as a working and successful example of a great and well thought out plan. But if this pamphlet is a sample of commendable professional "ethics" as understood by the old school, save us from such "ethics."

Although we have felt it our duty to make these remarks on a very extraordinary piece of treatment accorded by an old school surgeon to a homœopathic institution, we have pleasure in noticing that in the *Bath Daily Chronicle* of March 7th, this Bath surgeon writes an "*amende honorable*" as follows:—

"THE QUESTION OF SKILLED NURSING.

To the Editor, "Bath Daily Chronicle."

SIR,—From the report of Dr. WILDE's speech at the meeting of the Lansdown Grove Hospital, I gather that he somewhat misunderstands the object of the paper written by me to which he refers (which, by the way, was only sent to the Committee of the General Hospital and the medical men of the city). I certainly did not mean to convey the idea that there was no place in Bath attempting to provide skilled nursing at cost price. I have had too much personal experience of the unbounded devotion and kindness of the nursing staff of the Lansdown Home, which is always the same, however small the amount paid by the patient, or however troublesome and trying the invalid may be, to be able to forget the Home. I am deeply grateful to them for the help I have on so many occasions received at their hands, and the object of my paper is to try and stimulate others to join with them in a work which is every day becoming more imperative."

It is a good thing to have the grace to make the "*amende honorable*" after having made a mistake of the kind referred to; but it, unfortunately, cannot obliterate the fact of the

remarkable omission, and the evidence of the "ethical" sense of the author of the pamphlet.

It will be observed also, as an important feature of the Nursing Home, that, though in connection with the homœopathic hospital, and under homœopathic management, it is open to any physician or surgeon, whatever his views on homœopathy may be, to send patients to it, and treat them there himself. Such liberality is an object lesson in true "ethics," and only serves to show up in strong contrast "ethics" of prejudice and ingratitude for benefits received.

Long may Lansdown Grove House prosper in its beneficent work, and enlarge its capability for accomplishing still more than it does at present.

THE BRITISH MEDICAL JOURNAL AND HOMŒOPATHY.

IN the *British Medical Journal* of March 5th an Editorial article appears entitled "Similia Similibus," and opens thus: "Homœopathy is a subject which in England, at any rate, is so thoroughly dead that it might safely be buried without fear of rebuke from Mr. Tebb and the Anti-premature Burial Association; nor have we any desire to revive it. Nevertheless, in response to the wish of its American author, we give here the results of a study of a little pamphlet* entitled *Are we to have a United Medical Profession?*" This opening statement is very funny, and we presume the Editor of the *B. M. J.* intended it to be so. It has been so often stated in the old-school journals for the last half century that homœopathy is dead, that we are quite used to the little joke, and rather enjoy it. No doubt the Editor is quite aware of the real state of matters, and that it was safe to repeat the joke. But as his wish is, of course, that such a statement were true, he serves it up hot once more for home consumption, believing, and rightly, we suppose, that many of his readers who are in crass ignorance of all that concerns homœopathy, its principles and practice, its hospitals and dispensaries and courses of instruction, will take for granted that such a

* *Are we to have a United Medical Profession?* By Charles S. Mack, M.D., La Porte, Indiana. Published by the Author, (pp. 44, 25 cents post paid)

delightful editorial assertion is true. It is useless for us to waste time in disproving such a statement, such a palpable joke. We have done it so often before in our own columns, that it seems to be like the proverbial water that runs off a duck's back, as far as the old-school is concerned, and any reply to such a statement, on the supposition that it is seriously meant, if sent to the *British Medical Journal* would quickly find a quiet resting-place in the editorial waste-basket. It is so easy for the Editor to make the most egregious statements in regard to homœopathy, whether serious or otherwise, when he knows he can prevent his being hit back in his own journal. We need only say, as Mr. GERALD BALFOUR is reported to have said at a meeting lately, in reply to a statement by a Liberal speaker that the present Government is dead, that if it is dead, it is a "very lively corpse." So we leave the Editor of the *B. M. J.* to comfort himself with the feeling that this statement of his, whether intended to be serious or otherwise, if it pleases him, does not hurt us.

But when the Editor of the *B. M. J.* received and read this pamphlet of Dr. MACK's, he must have looked on it as "nuts." We also received the pamphlet, and on the outside of the cover was pasted a slip to "Mr. Editor" requesting a notice of it, and hence the Editor of the *B. M. J.* says correctly that his remarks are in response to the wish of the American author. No doubt he recalled the lines in COLEMAN's famous ancient poetical effusion "Toby Tossopot," in which the hero "coming from the Bedford late at night, and being *bacchi plenus*—full of wine," seeing over a door "Please to ring the bell" did so, and on being asked what he wanted, replied "Want, I want nothing, Sir, at all, but if you write up 'Please to ring the bell,' common politeness makes me stop and do it." And we do not wonder at the Editor of the *B. M. J.* doing it. The pamphlet is fair game, and the critical and humorous remarks of the Editor of the *B. M. J.* are perfectly fair and justified. If an opponent lays himself open as Dr. MACK has done, it is natural that the other side should chuckle over such a chance of "going for" him, even though he should be quite aware that such a pamphlet is in no sense a representative production of the new school. The mere fact of the pamphlet having been published by the author is suspicious, and we absolutely

repudiate Dr. MACK as our champion, and his views as ours. If any one takes the trouble to read the pamphlet and the Editorial remarks of the *B. M. J.*, he must agree with us in considering the criticisms just and fair. It is not often that we can thus speak of the *B. M. J.*, but we are very pleased to be able to do so in this case, and we wash our hands of Dr. MACK and his pamphlet.

The author of this pamphlet or booklet gives it a title which is really a catch-penny one, as it has very little to do with the contents, and there is no answer to his title-query. He does not even enable us to judge what his *locus standi* is. At one time he writes as a staunch homœopath, and speaks of *similia similibus* as a law of nature, while on p. 4 he says: "It (the booklet) affords a platform upon which he can fight for homœopathy to the death, if need be, and can at the same time pursue rational medicine with an enthusiasm not in the least modified by his enthusiasm for homœopathy," and again on p. 13 he says: "Certainly there would be no inconsistency in one's being enthusiastic both over homœopathy and over rational medicine." It is to be noted also that all through the booklet, the author speaks of "homœopathy and rational medicine," not putting the last two words in inverted commas, or saying "so-called" rational medicine, as all homœopaths do, as they do not admit that allopathic practice is rational; and thus he gives one the idea that homœopathy and rational medicine are very different things. We can quite believe it possible that there are a few *rare aves* in the old school who are enthusiastic over what they term "rational medicine," though we never met one; but for a homœopath who is enthusiastic over homœopathy to be also enthusiastic over "rational medicine" is beyond our imaginative powers to conceive. Again, the booklet is as full of theory as it can be, and yet on p. 9 he says: "Viewed from a standpoint in nature, a law of nature is an ultimate fact. Any attempt to explain from such a standpoint the *modus operandi* of effects under one of nature's laws is futile. Hahnemann seems not to have seen this. Shall we add that he seems not to have defined himself, as accurately as we would now have it defined, the particular cure of which *similia similibus curantur* is the law?" This is really too much of a good thing. Chapter III. is absurd.

But so well pleased is Dr. MACK with himself, that for Chapter IV. he reproduces a paper which he gave "by invitation" to "some students of the department of medicine and surgery in the University of Michigan" in 1890. The students gave him a series of written questions for him to answer. We can only say that with his answers to these excellent questions, we should, had we been in his audience, have abandoned our intention of looking further into homœopathy.

Had it not been for the editorial article in the *British Medical Journal*, we should probably have ignored Dr. MACK's request to review his booklet, or given him a short shrift in our reviews of books; but as it is, we are obliged to notice it in this prominent place to let our readers see why we cannot object to a fair and good-natured criticism of it on the part of the Editor of the above-named journal.

THE PROPHYLAXIS AND TREATMENT OF CARDIAC DEBILITY IN ADVANCING MIDDLE-LIFE.

By HERBERT NANKIVELL, M.D.,

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GENTLEMEN,—The first question for our discussion this afternoon is, What is middle-life? It has been remarked of a famous French novelist that as years passed on his heroes of fiction always advanced in years; they were still heroes, masters of physical prowess, excellent conversationalists, endowed with all the virtues and the more popular vices of Parisian life; yet as time passed on, and volume after volume of successful fiction issued from the author's brain, it was noticed that these heroes were depicted as always a little older than the writer himself. It was doubtless an unconscious coincidence, but it existed—palpable alike to friend and foe. I feel, therefore, that a definition of middle-life should be made wisely, carefully, and with the earnest desire to tread on no man's toes—least of all on my own.

I suppose that life may be wisely and scientifically divided into periods of seven years, roughly speaking. From birth to second dentition, from second dentition

* Being the "Wednesday Lecture" delivered at the London Homœopathic Hospital, January 20th, 1904.

to puberty, from puberty to manhood occupy three stages of seven years each, and though it is true that complete ossification does not occur till about four years after the twenty-first year, it is evident that, both scientifically and legally, adolescence may be considered as complete, when that year is attained. At forty-two the second triplet of seven years is fulfilled, and this may well represent the prime of life, wherein a man's vigour and characteristics are fully developed and in fullest function. From forty-two to sixty-three I should place the term of middle-life, and I think from fifty-two to sixty-three the special term of advancing middle-life. Shakespeare with his inimitable pen has depicted, as in a stroke, that period of life as he knew it, and as we know it:—

“ And then the justice,
In fair round belly with good capon lined,
With eyes severe, and beard of formal cut,
Full of wise saws and modern instances.”

One sees, as with the touch of a magic wand, diminished excretion, the pleasures of the table (though there is wisdom in the capon), loss of physical energy and less love of athletics, accumulation of adipose tissue and all that it means, mental vigour in full appreciation of new ideas, undiminished receptivity, the power of terse expression, and intellectual ripeness.

Now what is indicated by the picture thus graphically portrayed for us? I would suggest that from forty-two onwards there is a slightly increasing desire for the good things of this life, a slightly decreasing desire for athletic exercise in the majority of men. That is the crucial age when a man adopts (it may be quite gradually) one set of habits as opposed to another set of habits. Things which become distinctly matters of trouble or exertion get dropped out of the daily habit of life; things which rather add to the pleasure of the moment, or of the half-hour, or of the afternoon become gradually adopted. The active man is less determined about his activity, the sedentary man a little more determined about his arm-chair, and so on.

This change in the man is of course an effect of certain alterations within him, as well as around him—of a slight stiffening of his arterial system, a slight accumulation of pericardial or omental fat, a slight deterioration in

the tone of his muscular fibre, coincident very likely with an increase of its bulk, quite as much as a certain diminution in the energy and go with which he commenced his career, consequent on the attainment of a competency, or, at any rate, a lessening of the strain which braces a younger man to effort in order to secure for himself bread and cheese.

These slight changes of habit from year to year are generally cumulative in themselves, and they are certainly, as years go on, cumulative in their effects on his system. Fat accumulates, muscular fibre deteriorates, the arterial tube stiffens more, is less adaptable to the varying flow of blood within it, may become even slightly atheromatous. Some excretory organ suffers—probably the kidney; the urine is acid and of high specific gravity at first, and as time goes on the organ distinctly fails in its work. The specific gravity falls, and further trouble is set up—a circulating fluid of a debased character, charged with the result of tissue change, which should be, but has not been, excreted. And so more work is thrown on a weakened heart; all work that must be done is done with increased tissue-friction; nutrition generally, and especially of muscular tissue, suffers, and the superintending nervous system loses gradually some of its automatic control of organic life.

It matters really very little where the “vicious circle,” as it is well called, is entered on; as time progresses tissue after tissue and organ after organ is gradually added to the lists of its triumphs; it depends on the previous life history, and on hereditary tendencies, and it may be on the peculiar circumstances in which the man exists, to determine the first point where actual breakdown shall occur. But, as a matter of frequency, we find merely by “looking at the papers” from day to day, that sudden and, so to speak, unexpected breakdowns occur very frequently in the cardiac mechanism; and they very often take the form of sudden death without pain or warning, or of sudden anginas which prove fatal after two or three attacks, or of sudden collapses followed by cardiac atony which proves fatal after a few weeks or months.

Professional men and city men, active men and sedentary men, statesmen, and manufacturers in large and small ways—all suffer; and the majority, I believe, of these deaths occur between fifty-six and sixty-three.

It becomes a question for consideration whether or not in this septennium (from fifty-six to sixty-three) the male sex does not pass through a similar, though less marked, constitutional perturbation as the female sex does between forty-two and forty-nine. Women certainly and frequently develop "heart" at that special time, and sometimes severely and fatally; and you will note sudden deaths of women at such age to occur with a certain amount of frequency. Generally speaking, however, they get under medical care at such time, and are steered carefully through the climacteric period. But in the case of men the variety of symptoms at such an age is much less, their intensity really of the slightest, and it may be that at a given time they only act as the last straw in the load which breaks the camel's back. The question may be "academic" only in value, but physiologically and by all analogy there should be an element of truth in it. And cognate to this there is, I think, a certain amount of evidence that, just as each septennium in early developing life leads to newer power and fresh activities, so during the slowly drawn out retrogression of the vital power each septennium is also marked by fresh limitation and degeneration. One would not labour the point, and there are always brilliant exceptions, but a consideration of many lives I have known leads me towards these conclusions.

Now what forms of heart trouble are specially set up at this period of existence?

Taking the Shakespearian model of advancing middle-age first, one would say that such a man might have a pretty powerful heart, but overladen with adipose tissue—a fat heart in contradistinction to a fatty one. Probably there is no degeneration of fibre, especially in the earlier years of advancing middle-life. And, besides this, there is omental or intraperitoneal fat, and there is fat overlaying the abdominal muscles in quantity. Such a man will bear nerve strain and brain-work well—probably as well as at any period of his existence. He has experience of life, he can hold himself well in hand, he does not take things too much to heart, and his condition, it may be assumed, of general prosperity and competence, combined with a good share of mental vigour, carry him safely enough over the pitfalls which surround him. His danger lies in any sudden and unlooked-for exertion, a hot

political meeting, an unexpected fall in stocks, a hurried rush to the City or the Law Court, or the House of Parliament; even a too vigorous game of golf or what not else may determine a strain that tells; thereafter a heart feebleness is established and accumulates.

Or we may have to deal with a sensitive man, accustomed to sedentary pursuits, who has attained this age. He may be inclined to a thin habit of body, and possesses a muscular system weakened by non-use; he may have a sensitive nervous system, a tender conscience, a power of worry over trifles. And this condition may lead up again to establish the symptoms of a weakened or dilated heart, preceded by functional troubles, and confirmed by a dyspepsia, or an oxaluria, or a deficiency, as well as an alteration, in excretive power.

Or we may have another type in the choleric man, whose temporal arteries are more or less rigid, who has developed a too early atheroma, and whose heart, often working under strain, has been overdone and exhausted by repeated attacks of excitement and temper.

The strain of life at this time seems to lead up to a marked alteration in healthy cardiac action in many instances of these types in the ordinary run of life. And no doubt this is at the present time intensified by the occurrence of such diseases as influenza, by the increased hurry and responsibility of daily life, by the pressure of the penny post and sixpenny telegraph, the evening paper with its exciting paragraphs, to say nothing of the morning halfpenny one, the rush to the train, the hurry in the office, the strain of professional life, and the emulation of the man who, feeling his powers to be somewhat on the wane, is not yet awhile content to be beaten in the race, by those who are following hard after him with fewer years to bear, and advantages in education and experience which were not his.

We must, of course, add to these causes of breakdown occurrences in youth and the prime of life which now begin to tell as never before. Strain at boating and cricket, long hours of vigil, the occurrence of specific taint, indulgence in nervine tonics in excess, or in tobacco, cycling not wisely but too well, the habitual use of stimulants apart from meals, the occurrence of fevers, malarial, rheumatic, or septic, and so forth.

Time would fail to go through all the causes which in

the course of years lead up to a condition of inefficiency in the heart muscle. But practically the changes I would indicate may be classed under a certain number of leading divisions :—

- (1). Gouty heart, leading up to dilatation and angina.
- (2). Fat heart, leading in its turn to fatty degeneration of the muscular tissue.
- (3). The thin, under-nourished myocardium, leading up to dilatation from comparatively slight causes.
- (4). Disturbed innervation, and disturbed muscular action and function, leading also frequently to dilatation.

Now I have been asked to speak this afternoon on the Prophylaxis and Treatment of these varieties of Cardiac Debility in advancing Middle-life. It will be evident that in the usual sense of the word there can be no prophylaxis when disease is already present—no prophylaxis in the sense in which vaccination is prophylactic to small-pox, or belladonna in small doses to scarlatina. But looking at the undoubted fact that after the age of fifty most hearts, on careful examination, will show some signs of departure from the normal in the way of size, force, or frequency of action, there is plenty of room for a prophylaxis of a definite type, a prophylaxis which may remedy changes already begun, guard against further development of trouble, check degeneration of tissue, and enable life to go on usefully, though perhaps more quietly than before, to an expected term.

A prophylaxis which prevents the development of an angina, of a syncope, of a complete breakdown in health, of a life-long invalidism, of a complete collapse in the midst of abundant mental activity and of apparently good general health, is a thing to be sought for and, if possible, found.

And it is to be found under three heads : (a) Dietetic ; (b) Medicinal ; (c) Hygienic ; all adapted as they may be to the special type of constitutional trouble present.

I would strongly impress the necessity of early diagnosis of the dilated, enfeebled heart. It is often not good enough to wait till a patient complains : very often he holds his tongue about these sensations, especially cardiac ones and derived disturbances, even when he is consulting his doctor about other matters of a more trivial character. But he will very seldom refuse to have a physical examination made when suggested to him, and listen and obey

the reasonable suggestions as to treatment and hygiene which would arise after the examination. And I am quite sure that the safest line is to take the patient entirely into one's confidence on the matter; unless he is very foolish and self-willed he will obey orders, and, if he is foolish and self-willed, you have at any rate cleared your conscience in the matter. The determination of the enlarged heart is, generally speaking, an easy matter when one works with the phonendoscope, as I showed in my paper on "Cardiac Debility" at the Liverpool Congress two and a half years ago. The determination of the relative proportion of dilatation and hypertrophy is more difficult, and often can only be got at as the treatment goes on, and the case is watched. The presence of a marked systolic murmur will always suggest a true compensating hypertrophy, but there is very likely a certain amount of dilatation left even when this has been fairly established. The enlargement due to fat must be considered with reference to omental and subcutaneous deposits, and its interference with cardiac action be estimated by the disturbance of the organ under exertion, as well as by any muffling of the sounds which may be noticed on auscultation. The most difficult matter to determine is, I believe, the amount of true fatty degeneration which has taken place; if the heart is, as is often the case, not overloaded with fat, the degeneration of muscular structure may at times be not inconsistent with moderate activity and a fairly distinct first and second sound. On the occurrence of hepatic disturbance, an influenza, or a period of nerve strain these sounds will become almost inaudible and remain so for weeks. I have an octogenarian under observation now, whom I have seen through quite six such attacks during the last ten years; in the intervals one would say there was practically very little wrong with the heart, save age and an occasional intermission. If a true fatty degeneration has invaded the myocardium, it depends entirely on its percentage whether the patient will for a time recover or not. Treatment of cardiac debility depends on the amount of uncalled-forth cardiac irritability, in the Fletcherian sense, left in the organ; and if this is less than a certain determined proportion, all treatment of a true curative nature is better left alone, and life can only be prolonged by rendering the work of

the over-damaged heart as light as it can be made. But in a majority of cases the heart is open to the *plus* action of medicines and of baths, and good can be done of a fairly permanent nature.

The heart of disturbed innervation develops physical change with more or less rapidity, depending on the intensity of the disturbance. Certainly six or eight weeks of a sharp tachycardia may be the cause of considerable exhaustion and consequent dilatation of the myocardium.

In these four varieties, which I think, apart from the coarser valvular types, cover the majority of the cases we meet with in advancing middle-age, we must remember that we have to treat an individual man or woman quite as much as the heart, important as that organ is to existence. The gouty man, the obese, the neurotic, and the victim of mal-nutrition must be treated primarily and according to those general rules about which the profession differs, and about which each one of us according to his light and experience has finally to make up his own mind.

Now, first, as to dietetic measures. I need not say that whatever we direct in this matter, we must clearly see to it that the patient is not weakened by the changes which are being carried out. I do not mean that he may not temporarily feel weaker, but that stethoscopically he shall not be weaker. To state an extreme case, the introduction of "Salisbury diet" into the life of a plethoric gouty man addicted to pretty good living. It may be necessary and justifiable, but the experiment must be carefully watched, and I do not see that any good can come of depriving him of vegetable diet if the root vegetables are strictly excluded. Another point I would make is that even in a stout, fat man we should see to it carefully that loss of weight is not too rapid, and that time is given to the constitution to adapt itself to new circumstances. But I certainly cannot say, as a celebrated German physician is reported lately to have said to an adipose patient, that he must continue to live well, and that he would not have him a pound lighter! And I believe nature herself gives us a lead in these matters, and by means of a beneficent glycosuria sometimes relieves a heavy man pretty rapidly of his excess of flesh. I have known certainly three or four such cases in my experience, and have noticed benefit, not only to the appearance of

the man himself, but also to his cardiac functioning and general activity.

A good rule as to diet, and applicable to stout, gouty men, is to limit the breakfast to fish, bacon, and an egg, with a little toast; the lunch to a mutton chop or a slice from the joint with green vegetables, and on no account any farinaceous puddings; the afternoon tea to one cup and a dry biscuit; the dinner to fish and poultry or game, with green vegetables as at lunch, thin toasted bread, no butter, or pastry, or rich sauces. If these lines are carried out you will not fail to find improvement in the digestion, the weight, the muscular power, and the general *bien-être*. And one can in this way generally avoid the troublesome Salisbury diet; or, on the other hand, the establishment of a practically vegetarian regime.

Beer, effervescent wines, and mineral waters should be avoided. Dry ciders, dry wines of the Rhine or Moselle, or of the Bordeaux type, may be allowed in strict moderation. Sugar is better dispensed with, and saccharin, if suggested, should be laughed out of court.

Smoking has to be dealt with, and, if necessary, with a firm hand. Conditions suggesting a fatty degeneration certainly forbid it in all forms; and anginous cases should also certainly not smoke. On the other hand the irritable heart of the neurotic man may be distinctly benefited by the use of tobacco within the physiological limit and well within that limit.

Contrary to the general opinion, I believe the cigarette, if not smoked to the hilt, is the least harmful form of the weed. The ordinary cigar is too strong and bulky for the heart patient, and the pipe needs a "draw" which the cigarette does not; moreover, it is generally not a clean instrument.

Free indulgence in tea or coffee must be checked, and "big drinks," however innocent their composition, should be avoided.

The under-nourished man should be fed as carefully as the plethoric, but he may eat farinaceous puddings and be put on cod-liver oil as well. He is not exactly to be fed as a phthisical under open-air treatment, but supplementary meals may be given him with good results in the form of good soup, milk, and doses of hæmatogen. And, generally speaking, this freer diet should also be

exhibited to the man with a disturbed innervation, unless it be evidently caused by gouty conditions.

The medicinal treatment of the conditions we have just been considering is in many aspects an important one. Practically it resolves itself into the treatment of a gouty and inefficient myocardium, an overloaded and probably degenerating myocardium, and a feeble and easily overstrained myocardium.

I think *colchicum* has a very strong claim on our notice in the treatment of the first section; the quick, rapid pulse, the intermissions, the collapse—all point to it as, in large doses, a peculiar and distinct depressant. According to our rule of practice such a medicinal action, especially when it is confirmed by the totality of symptoms, would lead us strongly to rely on the therapeutic value of the pre-primary or plus action of this drug in small doses. In severe cases it should not be given in more than the second decimal dilution, though in more chronic and less markedly severe attacks the first decimal might be used with advantage.

Digitalis is another remedy made use of by both schools of medicine. When there is rapid and irregular palpitation and heart distress, but without marked dilatation, it becomes a valuable remedy in the second or third decimal dilution. But when weakness, mere intermittence, and a general condition pointing to atony rather than irritability, the first decimal, or else drop doses of the mother tincture, are more dependable.

There are three remedies which are extremely useful in cardiac pain of a chronic nature occurring at this time of life. I exclude aconite, because its indication, generally speaking, would be in most cases marked by a certain amount of fever or at least erethism, as well as from the fact that it is very specially the medicine of the young.

Spigelia is markedly the remedy of the weak, neuralgic, and under-nourished heart. The pain is not of a severe character, but it is evidently cardiac in location; it is associated with such tension and palpitation as we get in this class of cases, and there is often pressure and weight on the heart region, besides tension in the brain and semi-lateral neuralgias of the head.

Next to this I would mention *cactus*, a remedy probably as useful in the male sex as *spigelia* in the female. The special indications are pain and oppression just as if an

iron hand were grasping the heart, intermittence of heart and pulse, feebleness of heart's action generally. Rubini's classical proving of this drug, supplemented later by Hencke and Lembke, seem to my mind to produce a series of facts concerning the power of this drug to induce heart weakness, intermissions, and suffering of a most marked and undoubted character. It is in our school a drug in daily use for just those special symptoms which these observers elucidated. Nature properly and carefully interrogated reveals the curative power of small doses by indicating the track affected by larger doses, and also the lines of special affinity through which they act.

The third remedy of this analgesic group is *glonoin* or *nitro-glycerine*. For the pain which commences in the cardiac region and has a tendency to pass across from the chest to the left arm and down to the fingers, accompanied with a dyspnœa, anxiety, and fear of impending death, this remedy (just as amyl and the nitrites) has a remarkable power of bringing relief. The quick, rapid, and often irregular pulse, the headache and distress, the shooting, throbbing pains, the anxiety and shallow respirations, the palpitations, the pain shooting through to spine and down the arms, the flushing of the face followed by extreme pallor, fainting, and insensibility, all make up a striking picture of what one recognizes as angina. And I feel sure it is your experience, as it has been mine, that the relief to these marked symptoms has been over and over again of a satisfactory character. The dose I generally prescribe is $\frac{1}{100}$ of a grain.

The short list of remedies which I am bringing before your notice this evening would not be complete without the mention of *strophanthus*, which is in common parlance a heart tonic, and no doubt a very valuable one. I have found it of great use in the chronic weak heart when dilatation is of a moderate character; when uneasiness rather than pain is present, or, if there is pain, pain of a slight and limited character, an ache, as of fatigue; when the pulse is occasionally intermittent, but palpitation is not of a vigorous paroxysmal character. The experiments of Fraser, Piedvache and others lead to the conclusion that the *plus* action of *strophanthus* is to be found in the dilutions or in drop doses of the mother tincture, and that as soon as full doses are given the cardiac impulse is

enfeebled, arrest of its action follows, and paralysis of the organ finally ensues.

Among the lesser-used heart tonics may be mentioned *spartein* and *convallaria*; and as special tissue remedies acting on the degenerating myocardium I must mention arsenic and its iodide, iron, and barium.

The *hygienic* treatment of cardiac weakness may be summed up:—

- (1). As it relates to pure air.
- (2). As it relates to ordinary movement and exercise. Impetuosity must give way to deliberation.
- (3). As it relates to regulated movements, opposed and self-opposed.
- (4). As it relates to baths.

PRACTICE IN A MILITARY HOSPITAL.

By LT.-COLONEL H. E. DEANE, R.A.M.C.

(Continued from page 161.)

4.—*Pneumonia.*

Admitted June 5th, 1903. On June 2nd was seized suddenly with pain in right side, followed by cough. Dulness over right base with bronchial breathing with in- and expiration, and faint breath sounds in lower axillary region. Turning him on left side caused such distress of breathing and cough that a more detailed examination was not made. Sputum pneumonic. Tongue moist, with white fur. T. 103, P. 130, R. 40. Tinct. bryonia 2x, mij 3ta hora.

June 6th.—T. 99, P. 96, R. 30. Pain on breathing easier. Dulness and absence of vocal fremitus in right axilla, with tubular breathing in anterior line at level of 6th and 7th ribs; towards posterior axillary line breathing is faint with fine crepitations. Behind, dulness below right scapula, with tubular breathing round angle of scapula, and diminished breath sounds below that, and impaired vocal resonance. On right front, harsh breathing with occasional rhonchus, and increased vocal resonance. Over left lung breathing harsh and few rhonchi in front. Tongue moist, brown in centre, thick white fur on sides. E.T. 98·8, P. 80, R. 24.

June 7th.—T. 98·6, P. 80, R. 26. Only slight pain on deep breathing. Tongue moist, dirty white, and beginning to clean. Sputum, "prune juice." E.T. 97·4, P. 72, R. 28.

June 8th.—T. 97·4, P. 60, R. 24. Sputum mucopurulent, no blood. Tongue cleaning. Slept well. Slight pain on deep inspiration. Turning on left side at once produces harassing cough. Breath-sounds faint in right upper axilla, absent in lower, with absence of vocal resonance. Behind, breath sounds absent at base and above the line of absent breath sounds, tubular breathing with fine inspiratory crepitations. E.T. 97·8, P. 62, R. 24.

June 10th.—T. 98, P. 60, R. 20. Sputum scanty, mucopurulent. Tongue clean. Sleeps well. Dulness persists at right lower axilla with diminished breath sounds and slight œgophony. Behind, right base dull with bronchial breathing and fine crepitations at end of inspiration; vocal resonance increased. Effused fluid evidently being rapidly absorbed. E.T. 98, P. 68, R. 24.

June 11th.—No cough. Bronchial breathing less intense, bronchophony marked. Hepar sulph. 3x, gr. j t. d.

June 12th.—Râles at right base, some fine, some coarse; voice sounds much increased.

June 15th.—Breathing vesicular at right base, no bronchophony; percussion note impaired only.

June 21st.—Breathing at right base faint as compared with other side.

June 22nd.—Discharged.

This case illustrates well persistence of local pulmonary signs for some days after all febrile and general symptoms have disappeared. This case also was one of those to which I invited the attention of a young civil practitioner temporarily doing duty with my corps, as instancing the kindly progress that can take place in acute pleuropneumonia, and in reply to his query as to treatment I answered "Bryonia chiefly. Of course it is homœopathic, and in direct proportion as homœopathic treatment for it becomes more general, so will mortality decrease, and comfortable recovery increase." He said, "Oh! that is very interesting. I had no idea that homœopathy was anything of that sort; do they go in for giving drugs? I thought they were a sort of religious sect."

5.—*Apical Pneumonia with acute delirium.*

Admitted last evening with T. 102, P. 100, R. 40.

June 7th.—A man of nineteen years' service, and has served on the West Coast of Africa. Says he felt quite well till June 2nd, when a pain at pit of stomach and on

right side set in, with cough and fever. Left lung normal. On right front percussion note tympanitic just below clavicle and impaired lower down, and dull in axilla. Breathing intensely tubular over right front, especially on expiration, with increased vocal resonance. Yesterday evening only sufficient examination was made to localize the fact of inflammation of right upper lobe, as examination caused distress. Phosph. 3x, mij 4ta hora ordered. T. 100·2, P. 92, R. 44. Tongue dry with brown fur. Sweated in the night. Wants to drink constantly. Delirious all night; trying to get out of bed, and talking nonsense the whole night. At 2 a.m. was in a cold sweat, and very weak pulse; hot milk given and hot bottles applied. Better this morning. 9.30 p.m., T. 98, P. 84, R. 40. Easier. Tongue moist, sputum very scanty and no blood. Fine crepitations with inspiration over right front. Bryonia 2x, mv 2ta hora.

June 8th.—T. 100, P. 100, R. 40. Sweated a lot in the night. Delirious, unconscious of surroundings, constant incoherent talking. Very thirsty. Takes nourishment well. Tongue moist, with brown fur. Tubular breathing less intense. Sputum scanty, muco-purulent. Tinct. hyoscy. mij; alt. c. bry. every 1½ hour. E.T. 101, P. 104, R. 52. Sweats a good deal, but not cold now. Constant chattering; thinks he is being slowly poisoned; puts out his tongue when asked, and answers questions. Carphology. Omit bryonia and give ant. tart. gr. ¼, aq. 3 x : 3 j alt. c. hyoscy. every 1½ hour.

June 9th.—T. 100, P. 100, R. 40. Lung signs distinctly improved; breathing on right front bronchial. Tongue inclined to dry again. Tympanites. Had soap enema yesterday which acted well. E.T. 101·6, P. 100, R. 32. Quieter; no sweating to-day. Carphology ceased. Bronchial breathing less marked in front, but marked at right upper back, where there is dulness. Some rales at right base. Little cough; no expectoration. Pulse not easily compressible.

June 10th.—T. 98·4, P. 80, R. 36. Much quieter, lies with eyes closed, previously half open; skin moist, but not perspiring. Involuntary micturition. E.T. 98, P. 80, R. 32. Bowels acted well after enema. Slight tympanites. Bronchial breathing gone; fine, moist sounds in right front. Tongue moist.

June 11th.—T. 98, P. 70 compressible, R. 32. Dozes,

but restless while so doing. Conscious of surroundings. Involuntary micturition stopped. China $\mathfrak{m}\mathfrak{v}$, 4ta hora.

June 13th.—Perfectly rational. Sleeping well. Lung sounds everywhere vesicular, and percussion normal. On 12th tongue began to dry again and get brown, and $\mathfrak{z}\mathfrak{j}$ of brandy ordered in twenty-four hours.

June 14th.—Tongue moist; omit brandy.

The duration of twelve days for the pneumonia till perfect recovery therefrom I think satisfactory, considering the nervous symptoms. He was detained in hospital till July 20th on account of a badly-sprained ankle, into which it is needless to enter.

I could give extracts of other cases of pneumonia, but repetition is not called for.

6.—*Congestion of Liver.*

Admitted June 15th, 1903. Came home from S. Africa where he had been two and a-half years, in February. Had a good deal of malaria, and an attack of dysentery just before coming home.

Four days ago seized suddenly with pain at epigastrium, spreading round to back. Liver very tender, dulness measuring seven inches in nipple line. Tongue rough and white. Hot fomentations. P. hyd. c. creta. gr. $\frac{1}{10}$ t. d.

June 21st.—Tenderness of liver gone; dulness measures six inches. Complains of food sticking behind sternum.

June 22nd.—Complains of flatulence, which rises. Lycop. 6, $\mathfrak{m}\mathfrak{v}$, t. d.

June 24th.—Liver dulness measures four and a-half inches in nipple line. No flatulence.

June 29th.—Discharged.

TOPICAL, MENTAL, AND SOCIAL ASPECTS OF BRAIN FUNCTION, ILLUSTRATED BY CASES OF DISEASE.

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IN the following pages I wish to consider some aspects of disease and function of the brain not usually treated of together in text-books, but which in association with the same patient are not infrequently pressed upon the

attention of the physician in practice. These aspects are abundantly illustrated in cases which have recently come under my own care, and upon which my remarks will be based. Apart from the intrinsic interest of all cases involving the relation of brain and mind, the interest of the following cases is concerned, mainly, with the old-time problems of diagnosis between pathological lesion and functional disturbance, and conversely with the problem of correlation of brain and mind states as cause of the symptoms. In the light of anatomical and physiological knowledge of the brain attained up to the present, these problems of diagnosis are much more complex than problems of diagnosis in other parts of the human organism, and hence, as yet, in difficult cases, treatment is far less definite and less concerted in plan than could be desired. The only way out of the perplexity, apparently, would consist in a careful record and analysis of cases, with an endeavour to correlate function with structure at every point. In a contemplation of the diagnosis and treatment of such cases, as will be seen from what follows, the most important practical question to be considered by an observer is the reliability or otherwise of information which is being supplied, either by the patient himself, his friends, or through personal observation, examination, or inference. Information derived from either of these sources has to be allowed to supplement and correct information derived from the others; and in view of the imperfection of knowledge of the anatomy and physiology of the brain, as well as of psychology, not to speak of popular assumption and ignorance in relation to the latter, each separate source of information is liable to error. In respect of information supplied by friends, questions of fact alone in relation to the patient are, of course, admissible from this source, and statements of belief or theory are readily subject to criticism. If the mental state of the patient is obviously sufficiently healthy to enable him to volunteer information in reference to himself, or if, as is frequently the case, he seeks advice on his own account, the first and most natural source of information is his voluntary state as evinced by his attitude to his own health. And yet a character altered from the normal of this same voluntary state may in itself be evidence of ill-health. The patient's will in relation to his own health may be the most conspicuous symptom of a subjective

order upon which an opinion has to be formed. Should the voluntary state of the patient in relation to his own health be found to be a state of disorder, the information supplied by him as to his actual state will, as a matter of course, be vitiated. But not only so. As will be illustrated in more than one of the cases given in detail below, how far this voluntary state has been the means of inducing the topical state of the brain, and the consequent symptoms which may be sufficient to suggest severe organic lesion, may become a matter on which an opinion is obliged to be formed.

In an endeavour to make clear the most important functional aspects, and to render possible some attempt at correlation, the following cases are all considered from the topical or anatomical point of view, from the mental or psychological, and to some extent from the social. The latter aspect implies some reference to the influence of environment on the growth of mind, or to the influence of relations and friends nearest to a patient in inducing mental states altered from the normal, and on the ideals or objects in life the patient may be supposed to entertain as determining factors in volition of a social or higher psychological order. It will be seen that at the very outset of one of the cases which follow, the voluntary state of the patient was deceptive in the highest degree, showing the need for a more thorough examination of the mental condition, present and past, and of an elucidation of influences which had surrounded her growth and social life. This social aspect of mental life is a very large subject, and can be only lightly touched upon in a short paper, but the facts brought forward are very suggestive as far as they go.

Again, in a consideration of cases of disease of the brain involving diagnosis between structural and functional lesions, there is always a hope that the history and symptoms followed out in detail may offer a contribution to knowledge of the correlation of mental functions with brain states, which for the present day may be regarded as the fundamental problem in psychology. With this possibility in view more knowledge will probably be gained by a consideration, in the presence of certain mental states, of symptoms pointing to locality and pathological cause than, in the presence of manifest symptoms, from a consideration of mental states as

related merely among themselves in point of time, which is the manner of investigation in modern psychology. An adequate theory of psychology is necessary, but for an advance of knowledge in correlation, conditions of spatial brain relations in conjunction with bodily symptoms and inferences of pathological change are no less necessary, and the relation between the two classes of states—(a) psychological, and (b) anatomical and symptomatological—has to be brought out by a hypothesis which will account for the facts on either side in one theory.

Mental states can be judged of from within and without, and inference can be drawn concerning them. Physical states can be seen and referred to their spatial and functional origin. Correlation will consist in coincidence of inference and reference, which in all conscious or volitional states displaying symptoms must take place in some time, and place, and concurrence within the brain. In reference to many mental states, especially conscious volitional states, in the light of present-day knowledge of anatomy and physiology, a coincidence of inference with reference of symptoms to topical diagnosis is not yet possible. The morbid anatomy and pathology of mental conditions, and diagnosis from a physical point of view, is obscure and frequently incorrect. This is largely true in all forms of insanity, in many cases of brain lesion, and in some forms of allied neuroses in which neither definite insanity nor brain lesion can be concluded to exist.

But the occurrence of cases such as the following, in which abnormal mental states and bodily symptoms concur in point of time, or follow each other, offer examples in which the coincidence of reference of symptoms and inference of mental states may be carefully sought. They are therefore valuable as contributing to a theory of correlation. Of both brain states and mental states as occurring together in relation to each other, it may be said invariably that they have a connection of *post hoc* or *propter hoc* both in point of space in brain conditions, and time as mental events, and the business of the physician as observer, is, as well as to treat his patient, to endeavour to unravel and correlate the connection. In following the detail of the cases special attention will be given first to localization, pathological cause, and principles of treatment which were available. Then inferences in

relation to mental states will be pointed out, and some suggestions made as to coincidence with previous local reference. Lastly, suggestions will be offered as a contribution to the psychological problems raised, and also some conclusions for social or ethical guidance in reference to the prevention of abnormal volitional consciousness subjectively as experience, and objectively as self-management and control of health.

Although occurring last in point of time, the case placed first brings out the aspects it is wished to consider more clearly than the others, in the order of topography and then mental states, and, moreover, the *post-mortem* table corroborated the diagnosis as approximately correct as far as localization was concerned. This case therefore forms a good illustration as an introduction more especially to the topical aspect of the subject.

*CASE I. Tumour of the lateral ventricle of the right hemisphere; operative interference impossible; death; nature of the tumour; glioma.**

F. F. C., age 29, male, an omnibus conductor, married, was admitted into Hahnemann Ward of the London Homœopathic Hospital under my care on the 22nd of September, 1903, said to be suffering from cerebral tumour. Duration of illness, two months. The onset of the symptoms had been sudden and severe.

Family history.—Father is in asylum and has suffered from fits and imbecility for many years. Mother, age 60, alive and well. One brother alive and well, none dead. One sister alive and well, one died in infancy. No other obtainable neuropathic history in the family.

Personal History.—Patient always healthy until present illness. He has been married ten years, with four healthy children. Always abstemious, practically a non-smoker. Is exposed to all sorts of weather. Always very constipated. Two months ago he was brought home from his omnibus ill and yellow-looking. He complained of violent pains in his head from the occiput over the vertex and eyes, the latter feeling as if they were being dragged out. He remained in bed for a week, then felt better, and went to work for seven to ten days. His medical man had diagnosed congestion of the liver. On consulting the doctor again the patient was ordered change, and not

* The notes are by Dr. C. Granville Hey, Resident Physician.

medicine. In keeping with this advice he was on his way to the Isle of Wight fifteen days ago, when he became ill again with the same head pains, but now accompanied by vomiting. He got worse, became violent, throwing the clothes off, etc. The next day he was unconscious for twenty-four hours. For seven days since, he has been conscious until the present examination.

Present condition.—Patient in bed almost flat in the dorsal decubitus. He is heavy, drowsy, nearly always asleep, and thinks he dreams. His features are expressionless. When roused he answers coherently, but very slowly. No delirium since admission. Has twitchings of hands and rubbing of chin on bed-clothes. In answering questions, although delaying reply, when he begins he occasionally runs rapidly to the end of the sentence. He has constant, severe, aching headache from the occiput to the root of the nose. He does not like his head touched or examined. An examination of the eyes was very difficult, but revealed slight nystagmus on looking to the left side. Pupils reacted sluggishly to light. Distinct reduction of both fields of vision was revealed by a rough test. No optic neuritis, the vessels and discs being clear. Constant drooping of eyelids, but no actual inability to raise them. There were no auditory symptoms, nor loss of taste, smell, or general sensation of any kind. Both hands gave a very feeble grasp. Both plantar reflexes were present, the cremasteric present on the left side. Abdominal and epigastric absent. Knee-jerks normal, no ankle clonus. During his attack of unconsciousness eight days ago the sphincters were relaxed, but he had had control since. No food is retained; patient is fed by nutrient enemata. Urine, sp. gr. 1017, slightly acid, a large amount of phosphates, but nothing else abnormal. The bowels were moved twice by enemata during his stay in the hospital. The pulse ranged from 56 to 70, and the temperature from 97.4° to 99.2° , except that just before death it went up to 101° .

Diagnosis.—Judging from the onset of the symptoms and history of the case, I concluded that tumour, rapidly growing, was the lesion from which the patient was suffering. The question of precise localization was a difficult one, the symptoms being of a somewhat negative character. But this negative character of the symptoms was to a certain extent of a diagnostic value. I inferred

we had to deal with a tumour in the posterior horn of the lateral ventricle or the occipital lobe, most probably on the right side, this opinion being based on the following data: (1) The drowsy state of the patient; (2) The absence of disturbance in intellectual functions, and in motor, speech, or sensory areas, excepting the fields of vision; (3) The presence of vomiting and absence of optic neuritis suggested smallness of growth and distance from the optic tracts; (4) The possibility of the tumour being on the right side was suggested by nystagmus on looking to the left. This symptom in the present instance consisted not in a genuine nystagmus as ordinarily understood, but in a want of co-ordination in adjustment of the ocular motor apparatus owing to vacancy in the field of vision, whereas nystagmus properly so termed consists of weakness of motor discharge from the co-ordinating centre or interruption of the paths of the ocular muscles. Then arose the question of the nature of the growth. On account of rapidity this would probably be gumma or a rapidly-growing malignant neoplasm. No history of syphilis had been afforded, but absence of history of infection does not forbid the diagnosis of the presence of infection. And in this case a gummatous tumour would be most favourable to the patient, and suggest anti-syphilitic treatment as the first treatment called for.

Treatment and result.—According to this diagnosis potass. iod., grs. v t.d.s., was ordered on Sept. 25th. On the 26th the patient seemed rather better, but on the morning of the 27th he became very restless and the pain grew worse. He still kept on his left side, but constantly moved his right side and rolled his head. As the day went on he became rapidly worse, losing control of the bladder and rectum, the pulse rising to 120 and the temperature to 101°. He sank and died at 6.45 p.m.

Autopsy.—The autopsy was performed by Dr. F. A. Watkins, Pathologist to the Hospital. All organs were healthy excepting the brain, and nothing abnormal was observed in connection with the latter organ or its membranes until a longitudinal section was made through the hemispheres.* A section through the right hemisphere

* For the purpose of easy reference I have had copied from Quain's Anatomy some drawings of the hemispheres on which the convolutions and sulci are indicated by letters and numbers, by means of which locality can be readily identified. The situation of the tumour is indicated by the crossing of the dotted lines.

at the level of the junction of the anterior with the lateral occipital sulci on the outer surface, and of the parieto-occipital fissure mesially, and at the junction of the posterior with the inferior horn of the lateral ventricle, internally, there was found a tumour about the size of a pigeon's egg, surrounded by a considerable quantity of dark, coagulated blood. It was thus probable that hæmorrhage had taken place in the neighbourhood of the tumour on the day of the patient's death or the day before, and that this, adding to the foreign element of the tumour, had been the immediate cause of death.

Dr. Watkins' report relating to the nature of the new growth is as follows: "It consists microscopically of a delicate reticulum, with cells thickly distributed in it generally; the cells are spherical, oval, fusiform, and spindle shaped, the larger ones having two nuclei. The blood-vessels have very thin walls, and in places the blood has escaped through them. A part of the section consists of blood clot." The growth was accordingly a glioma.

Remarks.—The interest of this case centres round the question of localization almost entirely. The contribution a correct localization affords to an interpretation of the psychological aspect of the symptoms, and the exclusion of surgical interference, are therefore points worthy of remark. The latter may be taken first. The question of surgical interference was not one that could be entertained owing to the negative character of the symptoms. That surgical interference may offer a fair prospect of success, the tumour, or hæmorrhage, or abscess must be situated at or near the surface of the cortex. There were no symptoms in this case which pointed with certainty to the surface of the cortex in any part as the seat of the lesion, for example, the occurrence of sensory aura, convulsions, or spasms of any kind. All symptoms pointed to the lesion being sub-cortical, and the autopsy subsequently proved this view to be correct. On the psychological aspect of the symptoms, some interest attaches to the drowsy state of the patient as the only continuous affection of his mind in the strict sense of the term. All the organs and channels of special sense were intact. Memory was rather dull, but association of ideas was forthcoming from all cortical areas, auditory, speech, motor, tactile, etc. Visual presentation and representation alone were defective. A sense of personal identity was

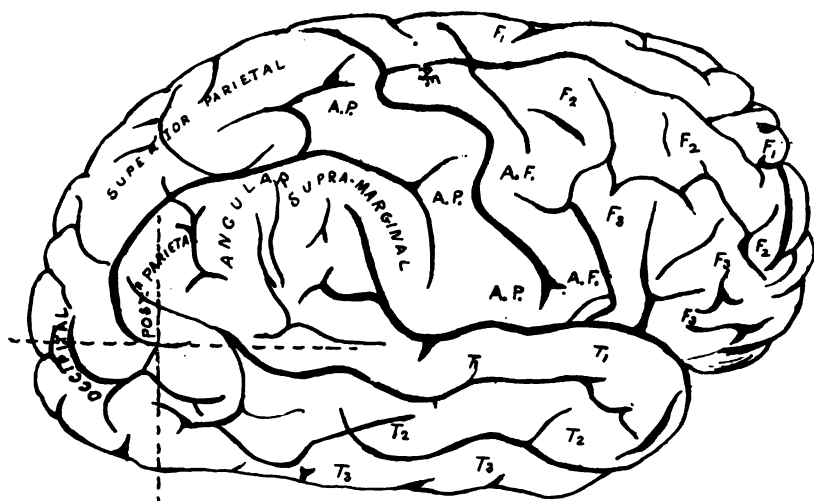


Fig. 1.

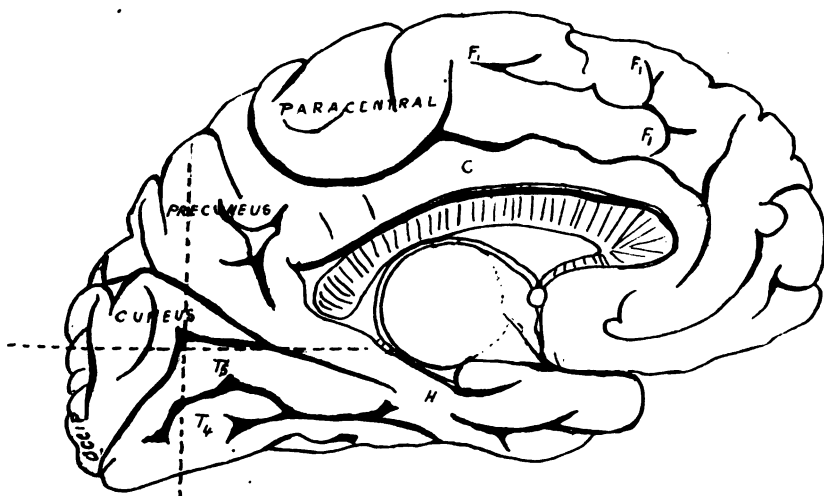


Fig. 2

at no time lost except in the attacks of unconsciousness. It appears that the degree of gross pressure exerted by the tumour was sufficient, and in the locality to affect the *whole* of consciousness when consciousness was affected at all, and not parts or tones of consciousness, except as regards visual presentation and pain. Such a symptom as thus appeared does not aid in localizing the whole of consciousness, but negatively it adds corroboration to the view from the limitation of the area of the tumour and the absence of localizing symptoms, that consciousness as a whole may be regarded as localized independently of consciousness of particular representations of certain areas ; also, it lends support to the view that consciousness of particular representations do not functionally exist independently of consciousness as a whole, whatever significance may be attached to the latter term. Destroy part, the whole is not destroyed except as regards consciousness in the part. Destroy the whole, and no parts can be *judged* to remain, even though no physical damage may be apparent in the representative areas of the parts. Consciousness as a whole must therefore be in some way localized differently from separate areas of the parts.

As an illustration of what is meant here, a familiar symptom in cases of hemiplegia where consciousness is maintained may be recalled. If a patient suffering from complete hemiplegia is asked to move the affected arm, he not infrequently does not make the effort to do so through the affected limb, but proceeds to use the sound limb, or with the sound limb to place the paralysed limb in a different position. This would suggest that consciousness as a whole has no longer communication with consciousness in part necessary to move the paralysed limb, but the possession of the paralysed limb is regarded by consciousness as a whole as an inanimate and perhaps useless piece of furniture, thus reserving some other localization than the area in the Rolandic region of the cortex, which serves the motor function of the paralysed limb, for the localization of consciousness as a whole. It might be suggested that consciousness as a whole consisted merely in the sum of functions separately localized, and that otherwise there was no such thing as consciousness as a whole. But such a conclusion is not borne out by normal experience. The difference between sleep and the conscious state as a whole, involving the

idea and judgment of personal identity, and volitional effort or action in accordance therewith, in reference to effort or action of parts of the organism are definite characteristics of normal experience, and a conception of the sum of separate parts by no means fulfils the conception of that experience as a whole.* To consciousness as a whole must be attached the conception of personal identity as including memory, both for the subject being observed, and the observer as observer, and these aspects must have attached to them a functional meaning and a localization different from presentative or association areas serving separate parts, inasmuch as sleeping is different from the waking state. Aberrations of personal identity and memory stand to be considered in reference to the normal whole, as well as to aberrations of parts, and the whole of consciousness cannot be considered as a whole unless accompanied by full memory, in orderly connection with personal identity as idea and experience communicable to observer as language, and having reference to the normal co-ordination of volition.

Further reference to consciousness as such a whole, including personal identity and memory, will fall to be considered under other cases. The above case does not afford information on the point, but illustrates the prevailing conclusion that unconsciousness may be induced by gross pressure within or on the brain over a certain extent. No information is thereby afforded on the question whether such a pressure causes unconsciousness by acting directly on the area upon which it is exerted, by a disturbance of equilibrium through the whole brain, or by interference with the blood supply. A disturbance of equilibrium is, however, the hypothesis most near the truth.

(To be continued.)

* A consideration of this question is in the first instance, probably, not a physiological one, and discussion of it would turn largely on a question of terminology, and a determination how the phenomenon consciousness can be judged of and described. In the present paper the author desires to give the term the fullest meaning possible, as including the wellbeing and active state of mind, in which either or both observer and observed could take part in the judgment, whether consciousness can be described as a whole, or if consciousness of part will warrant the statement that the whole is a sum of its parts

REVIEWS.

The Mineral Waters of Harrogate. By S. H. RAMSBOTHAM, M.D. John Bale, Sons & Danielssen. 1904.

THIS is a reprint of a paper read before the British Homœopathic Society in November, 1903, and it gives an excellent account of Harrogate, its waters and general features, with the cases in which the waters are indicated and beneficial. The latter part of the paper is occupied by an interesting enquiry into the therapeutic relation of the waters to homœopathy, and Dr. Ramsbotham points out clearly that they do act homœopathically, in which view we fully agree with him. Not a few old-school writers admit the same thing by pointing out the pathogenetic symptoms produced by natural sulphur waters, and the corresponding curative results when similar symptoms are present. The paper is well worth reprinting as a separate pamphlet.

Rationalism and Medicine. By CHARLES W. HAYWARD, Barrister-at-law, M.D., D.P.H., etc., etc. London: John Bale, Sons & Danielssen. 1904.

THIS is a reprint of the Presidential Address at the opening of the session 1903-04 of the Liverpool Branch of the British Homœopathic Society. It is an interesting and clever address, advocating the unfettered use of our individual reason in judging of all questions in medicine, as well as in every domain of thought. It is always right to search "whether these things be so," and were it not that this free play to one's individual reason is denied to the members of the old school by their leaders, homœopathy would long ago have taken its rightful position in medicine and in science.

Catalogue of Books. Published by Boericke and Runyon. 11, West 42nd Street, New York.

WE do not often notice catalogues of books, but this one is out of the common, being not only artistically got up, but containing excellent portraits, 13 in number, of the various authors of the books named. Those of us who are personally acquainted with American physicians of note, or know them by reputation, and would wish to possess their portraits will, Messrs. Boericke and Runyon inform us, have a copy sent if they will write to them at the above address.

The Infectivity of Enteric Fever. With observations on its origin and incidence at Caius College, Cambridge, Festiniog, and Wicken-Bonant. By Alexander Collie, M.D. (Aberd.), late Clinical Instructor at the Eastern Hospitals, etc. Bristol: John Wright & Co. 1904.

DR. ALEXANDER COLLIE's long experience as Resident Medical Officer at the Homerton Fever Hospital entitles his views and observations to respectful attention. His thesis is that "enteric fever is an infectious disease, communicable by direct personal intercourse, just as typhus fever is; and that explanations of its origin from drinking-water have, in several instances, failed in the ablest hands," and that a revision of our views on the etiology of enteric fever is called for. He does not affirm "that it may not be conveyed by means of sewers and sewer water, but only that in some instances this has not been made out." And in these cases he maintains that infection from personal intercourse is the only supposable cause.

The facts he brings forward from his experience at the Homerton Fever Hospital, where every sanitary feature was perfect, are sufficiently striking to justify his contention that the views of the profession at present as to the etiology of enteric fever require re-consideration. The prevalent views are supposed to be unanswerable, and they are maintained as an article of faith. But when new facts crop up which will not tally with accepted views, these facts should not be blindly ignored, but should be met by an open mind, and if they cannot be gainsaid or explained away on current theory, the current theory must be modified.

The monograph is extremely interesting, and well reasoned, while the facts are as we have said, sufficiently striking to merit attention and study, and to justify a claim to revision of the whole question of the infectiousness or otherwise of enteric fever.

Memoranda on Infectious Diseases. For the use of School Teachers. By JAMES W. ALLAN, M.B., Physician to the Glasgow Royal Infirmary. Bristol: John Wright & Co. 1904.

THE prefatory note to this booklet is as follows: "This little pamphlet was originally written for the use of teachers under the Cathcart School Board, at the desire of my friend, Dr. William Watson, of Langside. It may be criticised as brief and fragmentary. *It is meant to be so.*" And this is the beauty of it. It contains just the information which every school teacher should have, clearly and shortly put. It should have a large circulation among school teachers.

A Guide to Urine Testing: For Nurses and others. By MARK ROBINSON, L.R.C.P., L.R.C.S. Ed. 2nd edition. Bristol: John Wright & Co. 1901.

WE do not think that nurses should know too much of medicine, as they are apt sometimes to presume on their half knowledge, to the chagrin of the doctor. But there are many things that a nurse should know, and in knowing which they can be of material help to the doctor. One of these is a knowledge of urine testing, and the author of this little book has done well to publish it, while the call for a second edition shows that it has been appreciated. The features of normal urine are given, while the tests for abnormal conditions are clear, and will be easily understood and carried out by an intelligent nurse. Every nurse, in fact, should possess herself of a copy of it. It consists of 52 pages, and is of the size to go into the pocket easily.

The Pathogenic Microbes. By M. LE DR. P. JOUSSET. Authorized translation by Horace P. Holmes, M.D. Philadelphia: Boericke and Tafel, 1903.

IN present-day medicine, when microbes loom so large, it is necessary for every practitioner, though he is not a bacteriologist specially, to be acquainted with the various varieties of pathogenic microbes, their nature, differentiation, life history, and effects. All this he will find clearly laid before him in this work, from the pen of our venerable *confrère*, the physician to the Hôpital Saint-Jacques in Paris, and all he requires to know on the subject is given clearly and concisely. Dr. Jousset properly lays stress on the necessity for a suitable soil of dis-health for the pathogenic microbes to have any deleterious effect on the body.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session 1903-1904 was held at the London Homœopathic Hospital on Thursday, March 3rd., 1904, at 8 o'clock, Dr. Herbert Nankivell, President, in the chair.

NEW MEMBER.

MISS Margaret Tyler, M.D. (Brux.), L.R.C.P., etc., of Linden House, Highgate Road, N.W., was elected a member of the Society.

SPECIMEN.

The following specimen was exhibited by Dr. Roberson Day: A portion of bone $\frac{1}{2}$ inch long by $\frac{1}{8}$ inch in diameter, from the throat of a child, aged $6\frac{1}{2}$ months, who had been fed on mutton broth.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Dr. F. A. Watkins read a paper entitled "Acute Rheumatism and Allied Conditions," of which the following is an abstract. Dr. Watkins first dealt with the etiology of acute rheumatism. He sketched the history of the various theories which had been put forward, embracing them under the headings of toxic excitation, predisposition, and genius epidemicus. Evidence in support of the auto-intoxication theory is not by any means convincing, and from clinical and hygienic aspects acute rheumatism presents all the characters of an infective illness. In 1875 Klebs detected micro-organisms in cardiac valves which were affected with rheumatic endocarditis. From that date bacteriological research has been conducted until now with a view to the isolation of a specific micro-organism. All the postulates of Koch have been complied with: an organism has been found in the diseased tissues; cultivations of them have been made on artificial media; the injection of these cultivations into susceptible animals has produced the disease; the organisms have been again recovered from such animals, re-cultivated, and again produced the disease. Rheumatic fever is thus, on this evidence, a specific process depending on three factors: diseased body cells, the parasites, and the conditions of time and place. The existence of a definite predisposition is dependent on the inherited organization of the body, and upon its adaptation to the conditions of life, among which may be numbered not only soil, water, air, and climate, but also social conditions, the disease germ acting as a stimulant to a predisposed state of the organism, which has failed in some measure in adaptation to environment. It has been proved from statistics that rheumatic fever is more prevalent in London in the autumn months than at other seasons.

A morphological description of the micro-organism was given. Its morphological character is that of the diplococci, and its cultural characters correspond closely with those of streptococci. Formic acid is produced from these micro-organisms. It is premature yet to conclude that this acid is the toxin of rheumatic fever, but the probabilities are in its favour. The diplococci have been obtained from the blood of patients suffering from malignant endocarditis, also they have been isolated from the case of a man, age 67, who had rheumatoid arthritis.

As regards diagnosis, Dr. Watkins laid stress on the difference of various forms of infective arthritis, namely, that associated with pneumonia, typhoid fever, scarlet fever, influenza, gonorrhœa, and the infective arthritis of infants.

A discussion of treatment was also afforded. Prophylaxis demands the usual precautions for preventing the spread of infection. The same rules which are observed for the prevention of tuberculosis should be our guide here. Homœopathic treatment compares most favourably with treatment by salicylates. The latter often produce toxic effects, as shown by Dr. Lauriston Shaw. The average number of days in hospital is less under homœopathic treatment, also the percentage of relapses and heart complications. But the duration of acute symptoms was less under salicylates.

Dr. Byres Moir followed Dr. Watkins with a short paper on "Rheumatic Heart Disease in Children," dealing with the most interesting points in contra-distinction to acute rheumatism in adults. A few drugs were pointed out as specially applicable, namely, aconite (early in the history), bryonia, spigelia (shooting pain), cactus (in the mother tincture), between aconite and digitalis, colchicum. Great caution should be exercised in allowing patients to get up after acute heart inflammations. Sufficiently long rest for complete recovery is essential to prevent relapses.

A discussion followed the reading of the papers, in which Dr. Blackley, Lieut.-Col. Deane, Dr. Goldsbrough, Mr. Vincent Green, Mr. Thomas, Dr. Lambert, Dr. Eadie, Mr. Knox Shaw, Dr. Roberson Day, Dr. Granville Hey, Dr. Grantham Hill, Dr. Burford, and the President took part, and the readers of the papers replied.

NOTABILIA

BATH HOMŒOPATHIC HOSPITAL.

ANNUAL MEETING.

THE annual meeting of the Bath Homœopathic Hospital was held on March 2nd at the hospital, Lansdown Grove House. The Archdeacon of Bath presided, and he was supported by Mr. Alfred Castellain (hon. secretary and treasurer), Mrs. Corbett, Misses Vernon, Bell (hon. assistant secretary), Marian Bell, Mabel Walker, Collier, Gibson, Craig, Haslam, Beausire, Florence Hampshire, and Blanche Sellais (matron), Sir John Innes, Drs. Wilde and Wills, Messrs. A. T. Blakiston, H. G. Sheldon, C. R. Brendon, E. Jefferis, and A. R. Neave.

Mr. Castellain read the committee's report, which stated :—

The committee of the Bath Homœopathic Hospital, in presenting their report, have again to deplore the want of an increase in the number of subscribers, whereby their work is greatly crippled, and again appeal to the public to assist them in carrying on a work, the usefulness of which is so greatly appreciated, the applications for admittance being constant, and much in advance of the accommodation available. The committee and friends of the hospital have sustained a great loss in the death of their chairman, Gen. Sir E. L. Russell, to whom it will be difficult to find a worthy successor. His great experience, which was always freely placed at the disposal of the committee, will be much missed, and his invariable courtesy, and anxiety to help the hospital by every means in his power will always endear his memory to his colleagues. The thanks of the committee are again due to the Rev. Thomas Tyers, M.A., for conducting services at the hospital on Sundays, and they also express their regret at his decision to withdraw from his connection with the hospital. The committee further desire to express their thanks to Mr. Eskell for his services as hon. dentist, to the medical staff, and to the Ladies' Work Society ; also to those friends who gave special donations which enabled them to defray the cost of repairing the road at Lansdown grove, and to instal the new fire appliances. The committee consider it desirable that the fund and balance sheet of the Bath Homœopathic Hospital, which is dependent wholly on charitable contributions, shall be separated from that of the Nursing Home, which is self-supporting, and which makes no appeal for charitable funds. By arranging the accounts of the departments separately, the committee feel that a better check can be kept on the expenditure of each. The present balance sheet shows that the funds available for the charitable work of the hospital are £606 16s. 8d., while the normal expenditure is £738, showing an annual deficit of £131 3s. 4d. The committee have each year put their difficulties before the public. and have hoped that the anxiety shown to obtain admission to the hospital for patients would have led to some effort to assist in providing for them. The committee see no chance of altering the present unsatisfactory financial position, as the beds are always full, and every subscriber's accommodation note is utilized. As there is a dead loss on every subscription used for admission of patients, and as many of the patients have to be admitted entirely free, the committee see no way to avoid adding to their already heavy debt, except by making the following alterations in the rules, viz. : (1) The subscribers of £1 ls. per annum shall be entitled to one vote at the annual meeting of subscribers. They shall

have the privilege of recommending any poor person (no limit placed on the number) not in receipt of wages for gratuitous treatment at the out-patient department. They shall further be entitled to recommend such poor person for admission to the wards for 14 days upon paying a sum of 5s. a week on account of such patient ; (2) Subscribers of £2 2s. per annum shall be entitled to two votes at the annual meeting, shall have the same privilege as regards the out-patient department as mentioned above, and shall further be entitled to recommend a poor person for admission to the wards for one month on payment of 2s. 6d. a week ; (3) The charge to non-subscribers for admission of patients to the wards shall be 15s. a week ; (4) The person introducing a patient or using a subscriber's ticket shall be responsible for payment should the patient remain in the hospital after the ticket expires ; (5) The free admission of patients to the wards other than to beds for which special subscriptions are obtained, such as that of the Ladies' Work Society, shall be discontinued until the finances of the hospital shall be recovered.

Mr. Jefferis presented the treasurer's balance sheet, which showed the total income was £606 18s. 8d. ; the expenditure for the out-patients £216 16s. 1d. ; in-patients £521 3s. 11d., and the deficit £131 3s. 4d. The deficit brought forward was £172 12s. 11d., a total of £303 16s. 3d., which had been reduced by the application of legacies to the sum of £195 16s. 3d., an amount the committee hoped would soon be met. The special charges were £64 11s. 6d., the charges of the Corporation for taking over the road, and £40 10s. for fire appliances, all of which had been met by special subscriptions.

Dr. Wills read the medical report, which stated that during the past year the number of poor persons receiving medical relief from the hospital had averaged 181 each week. The total attendance at the out-patient department, Duke street, was 8,887, including 649 visits paid to patients at their own homes ; 1,024 patients were entered upon the books of the hospital for the first time. In the dental department, 227 extractions took place under anæsthetics, and 18 without ; these, with fillings, etc., making a total of 261. At the in-patient department, Lansdown grove, there were 133 admissions of patients, the beds being always full, and frequently extra patients were accommodated at the Nursing Home, when there were urgent reasons for doing so. They had had as usual a large number of cases of rheumatism and various forms of physical infirmity sent from various parts of the country. They were able to utilize the baths and physical appliances of the Nursing Home, and give advantages to patients not possessed by other institutions. The expenditure

compared very favourably with that of larger hospitals, where various forms of baths, physical treatment, and electricity were the exception rather than the rule, and this was due to the fact that a large proportion of the administrative expense was charged to the Nursing Home. The nursing staff had done strenuous work during the whole year, and the cheerfulness with which they had performed their duties, and the intelligent interest they had taken in the treatment of cases, was much appreciated. They had also to thank Miss Jennings for enabling them to instal the high-frequency current, which had proved of great service.

The reports and accounts were adopted, on the motion of Mr. A. T. Blakiston.

Dr. Percy Wilde said that that institution had sustained a very severe loss in the death of their president. There was no member of the committee or the staff of the hospital who had not felt that death as a personal loss. During the twelve years he had acted as president there was no detail connected with the hospital too small for him to enter into, and they had all felt they had in him a friend whose advice was worth taking. He had two qualities but seldom found in one single individual, great rapidity of perception and quickness to form a judgment, combined with a patience that was almost inexhaustible. His loss was one which it would be difficult to fill, for they were a working committee, and wanted as president not a figure-head, but one who would work for them and represent them. He did not know anyone more fit to hold that position than their secretary and treasurer, Mr. Alfred Castellain. He did his work for the hospital so readily that no one knew the amount of time he devoted to it, and his willingness at all times to help them. He moved that Mr. Castellain be elected president, and still remain treasurer.

Miss F. Hampshire seconded, and the motion being unanimously carried, Mr. Castellain briefly thanked them, promising to do the best he could.

A little difficulty was found in getting a successor to Mr. Castellain as secretary, but Miss Bell, who had been assistant secretary, was appointed (pro. tem. at her own wish), on the motion of Dr. Wilde, seconded by Mr. Sheldon.

Asked to undertake the duties of chaplain, the Archdeacon said he was too busy now. He was not asked to have anything to do with the hospital when it was started, or else he might have thought it his duty.

Dr. Wilde explained that when the hospital was started it was only a branch, and Mr. Tyers was already chaplain. They wanted as chaplain a clergyman sanctioned by the Archdeacon. This matter was left over.

Mr. Blakiston proposed the re-election of the committee and the medical staff, which was carried, Mr. Neave seconding. —*Bath Herald*, March 3rd.

Dr. Percy Wilde then read the Trustees' Report of the Lansdown Grove Nursing Home, which we have incorporated in our leading article. The meeting then closed.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL AND DISPENSARY, BROMLEY, KENT.

From reports in the Bromley Chronicle, March 3rd, and in the Bromley District Times, March 4.

FIFTEENTH ANNUAL MEETING.

THE 15th annual meeting of the Phillips' Homœopathic Hospital and Dispensary for Bromley and the district was held at the Hospital on Monday night. His Worship the Mayor (Councillor Frank Griffith, J.P.) presided, and the attendance included Dr. D. Dyce Brown (hon. consulting physician), Dr. George Burford (hon. consulting physician for diseases of women), Dr. E. M. Madden, and Dr. H. Wynne Thomas (hon. medical officers), Councillors T. D. Giaty and A. Lindsay Bell, Mrs. Madden, Messrs. W. Willett, John Churchill, W. R. G. Hay, J. G. Charles, Thos. Bennett, and A. W. Henly, members of the Committee; Mr. and Mrs. Baxeres de Alzugary, Mr., Mrs. and Miss Western, Miss Scott, Mrs. Churchill, Mrs. Wynne Thomas, the Misses Goodall, Miss Hyde (the valued matron), Mr. J. M. Wyborn (hon. sec.) and others.

Letters regretting inability to be present were received from Messrs. F. C. Dobbing, J.P., J. Howard Moore, J.P. Alfred E. Beddow, B. C. Wates, and C. K. Rogers.

The Committee presented the report, including the accounts for the year ended December 31st, 1903, as follows:—

During the year, which has been notorious for its rainfall—the greatest in any year on record, in London—the public health has been exceptionally good. In spite of the last-named fact, the work of the Hospital and Dispensary, though in some respects not equal to that of the preceding year, has, generally speaking, been well maintained, and has considerably exceeded that of 1901.

The in-patients have numbered 136, of whom 127 were new admissions, and 9 were remaining in from the previous year. Of these 100 were discharged cured, and 24 improved in a greater or less degree, 6 still remaining under treatment, 3 left the Hospital unimproved, and 3 died. The services of the honorary consultants were again frequently brought

into requisition during the year, and 62 operations were performed, all of which were successful. The number of visits to patients at their homes amounted to 669, while the attendances at the Dispensary reached a total of 1995, as against 1901 for the preceding year. The number of individual out-patients attending was 439. The death-rate for the past year, it will be seen, was 2·2 per cent. In the previous year it had been 4·1 per cent, and it is a source of great satisfaction to all adherents to homœopathy to know, though it does not in the least surprise us, that in the list of all the hospitals in and near London which share the Hospital Sunday Fund, the death-rate among the larger hospitals was least at the London Homœopathic Hospital, being 4·8 per cent; while among the smaller hospitals our own death-rate was the least of any, and we also had the largest percentage but one of cases sent out cured. The daily average number of beds occupied during the year amounted to 6·9. The average duration of the patients' stay in the ward was twenty days. The cost of each in-patient per week, calculated on the basis adopted by the Committee of the Metropolitan Hospital Sunday Fund, has been £2 15s. 8d. This method of calculating does not, in the opinion of the Committee, in the case of a small hospital, allow fair consideration of the accommodation provided for the treatment of out-patients, including the maintenance of a dispensing department, consulting and waiting rooms, etc. Hence a disproportionate share of expenditure is thrown on the in-patients' department. For provisions alone the average cost of each person resident (including patients) amounted to 6s. 11d. per week. It was, as heretofore, restricted to this low figure by numerous gifts in kind by thoughtful friends, supplemented by strict economy and supervision. The Committee have again to record their thanks for three letters of admission to convalescent homes, supplied by the Committee of the "Queen's Reign Commemoration Fund, 1897," conferring privileges of exceptional value to patients in need of rest and change after their discharge from the Hospital.

The short weekly religious service held for the benefit of patients and nurses was kindly continued under the responsibility of the Rev. P. Barker and the Rev. T. Nicholson. The usual annual entertainment for the in-patients was also successfully organized and carried out by the Matron, and its attractions afforded much enjoyment to those who were able to be present. The expenses of this are not drawn from the general funds, but are contributed by a few active and generous friends of the Hospital.

The governors, donors, and subscribers will doubtless

share the gratification of the Committee on the addition to the consultants of Mr. Dudley Wright, F.R.C.S., Honorary Surgeon to the London Homœopathic Hospital, as honorary consulting surgeon for diseases of the ear and throat, whose appointment the Governors will be asked to confirm.

The items which alone can be regarded as regular income for the past year, consisting of annual subscriptions, dividends, rent, and the grant from the Hospital Sunday Fund, amounted in the aggregate to £545 15s. 2d. Thus the Committee were dependent on payments by patients, donations, collections, entertainments, and other precarious sources of income to enable them to meet nearly half the expenditure of the year. The donations, though less in number than in the preceding year, reached a higher total. This was chiefly due to the fact that a generous friend, who desires to remain anonymous, handed to Dr. Madden a gift of £100, to be disposed of at his discretion, and after assisting other institutions and making sundry purchases for this Hospital, a balance in cash of £50 1s. 4d. was handed to the treasurer by him. The list also includes the sum of £26 13s. 4d. from the Bromley Charter Day Festivities Fund. The Committee have again to record with regret that, in spite of the fact that a large proportion of the ecclesiastical districts furnish patients for the Hospital, the only special congregational collection shared in by it was that of St. John's Church. More than three years having elapsed since the new Hospital was completed, it became necessary to paint the outside of the building at a cost of over £40. The setting up of our new dental department with the necessary instruments and anæsthetic apparatus, and the purchase of a powerful new electric battery, has added this year considerably to the ordinary expenditure for keeping our stock of such appliances up to its usual state of full efficiency. These outlays, combined with increased necessity for special nursing, and advances in the cost of other items, have caused an excess of expenditure over income of £14 10s. 9d., a condition which emphasizes the appeal of the Committee for a larger number of annual subscribers.

In their last report the Committee estimated their liability in respect of buildings as £556 at least. At the end of the past year their indebtedness to the bankers and to the Children's Ward Furniture Fund together remained at £470 1s. 11d. While these obligations have still to be liquidated it is obvious to the Committee that any further development of their plans, either by opening the ward constructed for children only, or by other additions however desirable, incurring fresh responsibility, would not be justified.

It is therefore hoped that supporters of the Hospital will, during the present year, make special efforts to relieve the Committee from this burden.

The Committee have again to record, for the twelfth time, their indebtedness to Mr. Lindsay Bell, and their hearty congratulations on the recent addition, in November last, to the series of successful concerts he has organized for the benefit of the Hospital. On this occasion Mr. Bell secured the services of Madame Albani and other eminent artistes, whose visits to Bromley made the performance unique in the town's annals. To the numerous coadjutors who aided Mr. Bell in various ways the thanks of the Governors are also due. The proceeds resulting from this concert will again add a sum of over £85 to the funds of the Hospital.

The Committee announce with regret that the Rev. Thos. Nicholson has removed to another sphere of labour, and in consequence finds himself unable to continue his membership of their body or to share the responsibility of the weekly religious services hitherto held. With this alteration the Committee again offer themselves for re-election.

The Ladies' Committee report the resignation of Miss Madden, owing to her leaving England. Miss B. Davis has taken her place as secretary. During the temporary absence of Mrs. Madden from the post of President, Mrs. H. Wynne Thomas is acting for her. Mrs. Western and Mrs. Henly have consented to join the Ladies' Committee. The annual "pound collection" resulted in the receipt of goods to the value of £34 10s.

It would be difficult for the Committee to over-estimate the valuable services rendered to the Hospital by the Medical Officers, manifested by their continued care and persistent activity in the thorough examination and skilful treatment of the cases brought under their notice. In this they have been much aided by the Matron (Miss Hyde) and her assistants, by means of efficient nursing and the careful maintenance of the best sanitary conditions. The Ladies' Committee have, as heretofore, exercised a vigilant supervision of the household expenditure, and their energetic hon. secretary (Miss A. C. Tapp) has also rendered special services by her careful analysis of the expenditure under the various heads mentioned in the "Income and Expenditure Account." The Committee have received a considerable amount of legal assistance from the hon. solicitor, Mr. Dennes, in matters concerning the Hospital property and in connection with events occurring during the year on which his advice has been needed. The services of Mr. S. B. Russell, the hon. architect, have also been required and readily given in matters relating to the

old Hospital premises. The hon. auditors, Messrs. Gérard van de Linde and Son, have also continued their valuable services in auditing the accounts now presented. Considerable help has again been given by the Bromley press in noticing the events of the year and in making known the approach of the concert. To all those above mentioned, and to the numerous and active workers in the interests of the patients, the warm thanks of the Governors are due.

In conclusion, the Committee cannot look back upon the gratifying achievements of the past without renewed hopefulness that the efforts of their friends and supporters will in time relieve them from the disabilities which still remain, and that the great disparity between the income received from regular sources and that which is precarious will shortly be removed.

The Mayor, in moving the adoption of the report and accounts, said: We are met together to-night with but one object in view, and that is to further the interests and do anything we can to enhance the prosperity of this great Institution, the Phillips Memorial Homœopathic Hospital and Dispensary. I am sure that to-night there will be one sentiment predominating our thoughts, and that is regret at the unavoidable absence of our President, Sir George Wyatt Truscott. (Hear, hear.) Personally, I have good reason to know what a debt of gratitude the new Borough owes to Sir G. W. Truscott for his kindly support, so ungrudgingly given in probably the most pre-occupied year of his life, when on two occasions, notwithstanding his numerous engagements as one of the Sheriffs of the City of London, he made time to come over and identify himself with the inauguration of the new Borough of Bromley, thereby adding the approval of an influential and thoroughly educated man of affairs to the efforts of those whose enterprise in gaining for Bromley the individuality of a corporate body were brought to a successful issue last year. (Applause.) Sir George takes a keen interest in all good works, and any enterprise for the good of his fellow men has his encouraging support. (Applause.) Every annual meeting of this Hospital is a milestone marking progress in the realization of a very high ideal which was conceived in the mind of a great man, a man whose work lived after him—who found in the ordinary routine of his daily work scope for a magnificent ambition, the aim of which was not personal advancement, but the amelioration of the conditions of life amongst the sick poor, and the increase of their chances of restoration to health and strength; (Applause.) The growth and the success of this institution should be a great encouragement to all those whose sympathies

are rather wider than the necessities of their own personal comfort, to mark the cumulative power of all genuine and sincere endeavour to do some good to others. The life work of the good man after whom this institution is named—though it was all too short from the point of view of those to whom he was at the time of his untimely death ministering—proved an inspiration to his admirers to found this Hospital (an enlargement of his own dispensary) as a means of commemorating his life's short work. As a youth I knew Dr. Phillips personally, but after twenty-three years' existence of this institution I welcomed the call to preside at the annual meeting of this institution, which keeps alive his memory, because in the representative position I have the honour to stand to-day I hoped I might be the means of focussing more definitely the attention of the residents of the Borough on the strong claims which this good work and that of its elder brother the Cottage Hospital have on their sympathies. (Applause.) Once more I must emphasize the peculiar difficulties which in Bromley face all philanthropic and charitable enterprises. The close proximity of the great City of London has up to the present robbed the urban district of Bromley of any claims to individuality. The sympathies of the residents whose business affairs are mostly connected with London, have been attracted to the support of the great central organizations of the Metropolis, but it is one of my great ambitions that as a Borough of, I hope, increasing importance, Bromley will achieve such an individuality that all the local efforts for the good of the community shall not in future stand second in the generous estimation of the residents, but shall command through the power of local sentiment a prior claim on the sympathies of the residents, and that the old proverb may be exemplified, "Charity begins at home." (Applause.) I make bold to appeal to the medical men of Bromley that in the conversation-opportunities which they have in the homes of their patients, they may continually spread the doctrine that now Bromley is a Borough it requires the intelligent support of the residents, until the attraction of local enterprises becomes of greater weight. Since the time of the great founder, Dr. Madden and Dr. Wynne Thomas have been eminent members of the medical profession who have worthily continued the great work, and they have been efficiently supported by the Matron (Miss Hyde) and the members of the nursing staff. (Applause.) I must not omit referring in appreciatory terms to the work your Committee have done during the past year. Around the *personnel* of this Committee must rally all of our prospects—all permanent help comes through the individual help of

the members of the Committee. Hospitals and similar good works cannot exist prosperously on the spasmodic and intermittent gifts of those whose sympathies are temporarily engaged. The sphere of usefulness of this Hospital will be limited to the extent of the regular income, as is indicated in the report. The accidental benefits from intermittent donations, however welcome, will only go to liquidating debts incurred from the inadequacy of the permanent income, and while this is not sufficient, extension is impossible. Financially this Hospital has been equally fortunate in its friends. The late Mr. E. F. Duncanson, Mrs. Leishman, Sir Walter Murton, Mr. Beddow, and Sir George Wyatt Truscott : these are a few of the names of the generous supporters whose assistance has considerably enlarged the operations of this institution, and you have been equally fortunate in your honorary officers. (Applause.) The work of your excellent secretary Mr. Wyborn, stands pre-eminent. Mr. Lindsay Bell is likewise a most valuable worker in the organization of the annual concert. I remember as you, no doubt, do with pride, that of small Homœopathic Hospitals yours has no equal. Therefore I express the hope that support will never fail, enthusiasm will never be wanting, and generosity will never fail to support the Bromley Homœopathic Hospital and Dispensary. (Applause.)

Mr. Wm. Walter had great pleasure in seconding the motion, which was carried.

The Mayor proposed that the best thanks of the meeting be given to the Committee, the Ladies' Committee, the hon. medical officers, the hon. solicitor, the hon. architect, and the hon. auditors for their respective services during the past year.

Mr. Baxeres de Alzugaray seconded, and the motion was carried by acclamation.

Mr. Churchill, in responding on behalf of the Committee, testified to the great pleasure it afforded them to see the Mayor present that evening. Naturally, they regretted the absence of their President, but they felt that they could hardly have made a happier choice than the Mayor. (Applause.) The duties of the members of the Committee, whom he somewhat unworthily presided over, were not with the healing of the patients, but to administer the funds which the generosity of the public entrusted to them, and judging from the way in which the adoption of the report was carried, he took it that their subscribers were satisfied with the way in which their duties had been carried out. (Applause.) There was one other matter he wished to touch upon, and that was the question of the annual subscriptions. This

was a very pressing question with them, and one that gave them no little amount of anxiety. By referring to the accounts they would see that their annual subscriptions amounted to but £301, and that their annual expenditure had been £1,061. It would therefore be seen that their annual subscriptions covered but one-third of their expenditure, and if they were to utilize the Hospital to its fullest extent it was absolutely necessary that their subscription list should be very much enlarged.

Dr. Madden, in replying for the Medical Officers, said he felt very much flattered at the remarks of their chairman in referring to their services. But those services were done with very great willingness, and he only wished they had more space to work in. Before long, however, they hoped to see that room in which they were assembled filled with beds. There were one or two points in the report on which he wished to make a few remarks. Dr. Madden then proceeded to read the paragraph in the report referring to the low death-rate, and remarked that they were open to the charge that that Hospital did not receive so many acute cases as some others. He admitted that to some extent it was true. Therefore it might be thrown at them that their death-rate was a low one because they did not have so many severe cases. In reply to that he said that their low death-rate was not an exceptional case. All over Europe the death-rate in homœopathic hospitals was lower than in allopathic hospitals. In London, in the Homœopathic Hospital, statistics show that for several years past in the treatment of broncho-pneumonia in children under two years of age—a complaint which is extremely fatal among infants and young children—the death-rate has been 16·8 per cent, while for the same disease among the same class of patients at the Children's Hospital, which is next door, the death-rate was 48·9 per cent., while at the Shadwell Children's Hospital, it was 63·2 per cent. The cases dealt with were of a precisely similar character. The only difference was in the medicine given. Statistics of that kind had been repeatedly brought forward and laid before the medical profession, yet in spite of that homœopathy was debarred from all medical schools. But they were now going to have medical schools of their own. Referring to another point, Dr. Madden remarked that their report showed that during the past year they had 136 in-patients in the Hospital, and they received from the Hospital Sunday Fund the sum of £30. But the Bromley Cottage Hospital, with 396 patients, received £130. He proceeded to criticize the basis upon which the distribution was made, and said he would like to call the Mayor's attention to the matter.

Mrs. Madden responded on behalf of the Ladies' Committee.

The Mayor said he had very much pleasure in proposing that the President and the Committee, with the Medical Staff and other officers, be re-elected for the ensuing year according to the proposed alterations in the report. The removal from the neighbourhood of the Rev. Thos. Nicholson rendered it impossible for him to serve.

Mr. Western seconded the motion, which was carried.

Dr. Wynne Thomas returned thanks on behalf of the Medical Officers for their re-election. It was gratifying to them to know that they still retained the confidence of the subscribers to the Hospital, and he hoped that nothing would arise in the ensuing twelve months to cause them to regret their renewal of confidence. Those who had gone through the report would have noticed that there was still a debt of £470 on the Building Fund. They wanted to see this debt wiped out, and in order to further this desire the ladies had decided to hold a bazaar in that room in the early part of the year. He also had great pleasure in announcing that he had that morning received a cheque from an old and very valued friend of that Hospital, to be spent in whatever way he thought most desirable. It was a cheque for £100 from Mrs. Leishman, and he thought he could not do better than to hand it over to their treasurer, Mr. Charles. (Applause.)

Mr. W. R. G. Hay next proposed that a hearty vote of thanks be accorded all those who had provided entertainments during the past year, and also those who had assisted in securing the comfort and consolation of the inmates. He was sorry he could not give the names of all who had helped them in this way, but of course the most prominent helper was Mr. Lindsay Bell, whose annual concert always brought in a very large sum of money. Of the value of Mr. Bell's help it would be impossible to speak too highly, and last year their funds had benefited to the extent of £85 as the result of his twelfth annual concert. (Applause.) Then there were entertainments for the inmates, and he thought they must look to their entertainments as a means of increasing their subscribers.

Councillor Graty seconded the motion. He was sure all of them very much appreciated Councillor Bell's annual concert, and his (the speaker's) only regret, and probably it was shared by many others, was that they did not have two such concerts. (Laughter and applause.)

The motion was carried with enthusiasm.

Councillor Lindsay Bell said he felt that he was in a very responsible position to reply for all the kind friends who had rendered the assistance to the Hospital just indicated. Still,

he was inclined to think that he should be voicing the feelings of all of them when he said that it was a matter for satisfaction and gratification for them to know that their efforts were appreciated by the Committee. It was almost a pity, of course, that there should be the need for these special efforts, and he trusted that more annual subscribers would be forthcoming in the future than in the past. (Hear, hear.) As to Dr. Madden's wish that that room might be filled with beds so that their work might be extended, he might say that Mr. and Mrs. Churchill had, by a special effort, provided the means for furnishing the room. (Applause.) All that was now required, therefore, to secure this desirable end was a special effort to enable them to maintain the beds when they were put in. (Applause.)

Dr. Dyce Brown, after alluding to the great pleasure it gave him to be present that evening, observed that if proof were needed of the way in which the late Dr. Phillips was beloved, it was abundantly forthcoming in that admirable institution, and in the way in which it had prospered. That Hospital ought not to be merely looked upon as a local institution, however valuable it might be. All the smaller Homœopathic Hospitals scattered about the country ought to be looked upon by them as branches of the great whole of the tree in Great Britain. The more united they were in that feeling the better it would be for homœopathy and for each individual hospital. The British Homœopathic Association had been formed with the object of carrying out the idea that unity was strength. It had also been formed with the view of bringing before the public in various important ways the necessity of teaching and propagating the doctrines and understanding the doctrines of homœopathy. Another object was to give young doctors a thorough course of training, besides which they desired to train the public, many of whom did not thoroughly understand their principles. The Association was intended to act as a focus for the spread of the law of homœopathy. They wanted their knowledge to be spread as fully, as widely, and completely as possible. (Applause.)

Dr. Burford said he had seen many hospitals, but never had he seen one so excellently arranged, and so well equipped and managed as theirs, in this country or abroad. (Applause.) Since they had removed into their present excellent quarters, the Homœopathic Hospital at Tunbridge Wells had moved into more spacious quarters. Birmingham, too, had extended their accommodation and operations. Liverpool had recently built itself a nurses' home; Eastbourne had increased its receiving capacity; Bournemouth had done exactly the

same; Plymouth had had to provide increased accommodation. At this point the lights were turned down, and the speaker, aided by some remarkably fine views of various Homœopathic Hospitals, including the Phillips' Memorial Hospital, proceeded to describe in an interesting manner the various improvements, etc., that had taken place. In conclusion, he thought Bromley had come well to the front in this progress, besides having contributed a considerable sum of money to the most desirable object the British Homœopathic Association had in view. (Applause.)

Mr. Charles proposed that a cordial vote of thanks be accorded the last two speakers, and Dr. Madden, in seconding, announced, amid applause, that he had the pleasure of handing to Dr. Burford the sum of £5 from his good friend, Mrs. Scott, for the associations.

A similar compliment to the Mayor for presiding terminated the proceedings.

CROYDON HOMŒOPATHIC DISPENSARY.

THE annual meeting of the Croydon Homœopathic Dispensary was held at the Old School of Art Room, Public Hall, Croydon, on Saturday, Feb. 21st., when Coun. H. Keatley Moore was in the chair. The fifth annual report was presented, and congratulated the subscribers on a diminished number of cases attended, which was due to a very remarkable diminution of sickness during the year in the borough. Croydon had the lowest death-rate during the past year of any large town in England. The usefulness of the dispensary was spreading. The committee had no reason to think that the healthfulness of 1903 would be repeated, and they desired to be in a position to cope with the illnesses as in 1902 and previously. To do this they must be liberally supported. During the year they had lost subscribers. Ten subscribers had resigned, left the neighbourhood, or died, and only four had been enrolled. In money that meant a loss to the dispensary of £7 7s. Although, from causes stated above, the medical department of the dispensary had not been severely taxed, they would be pleased of some more help. Drs. Munster and Purdom submitted the medical report, which showed that the total attendances by patients at the dispensary were 4,238 as against 4,482 in the preceding year; 724 weekly tickets at 1s. had been issued, 577 monthly at 2s. 6d., and 270 monthly tickets had been given by subscribers. One hundred home-visiting tickets were issued, of which 72 were supplied by subscribers and 24 were purchased by patients for 10s. 6d. each, and the remaining 4 by patients at 2s. 6d. each. These

tickets entitled patients to receive medical treatment at home ; 715 home visits were made in all, which showed much more active work in that department. The balance showed a credit balance of £10 15s. 11d. as against £8 16s. 8d. in the previous year.

The chairman proposed the adoption of the report, and spoke of the good work done by the dispensary. He said people came to them rather than go to the hospital. The charitable side of the institution was to see that those who could not pay had good treatment, but they encouraged those who could pay a little to do so.

Mr. Samuel Taylor seconded the adoption, and said the dispensary had met with every success since its inception, and he hoped it would not be long before they had more subscribers.

The report and balance sheet having been unanimously adopted, the chairman moved a vote of thanks to the medical officers, which was seconded by Mr. J. Stewart and carried unanimously.

Mr. Ashcroft proposed, and Mr. W. Budd seconded, a vote of thanks to the retiring committee, which was acknowledged by the chairman, and the committee were all re-elected on the proposition of Mr. Hicks, seconded by Mr. Wilkinson.

A vote of thanks to Mr. Bird for auditing the accounts, concluded the business of the meeting.

A discussion then took place on the present state of homœopathy in Great Britain, and a deputation from the British Homœopathic Association—Drs. Burford and Johnstone—attended, and gave an account of the present remarkable renaissance of homœopathy in Great Britain. Lantern slides of the principal homœopathic hospitals were shown during the evening.—*The Croydon Advertiser*.

BRITISH HOMŒOPATHIC CONGRESS.

As already announced, the Congress will meet in London on Friday, July 1st. The Council resolved that the subject of all the three papers shall be the Diseases of Children. The three papers will be read by Dr. Byres Moir, Dr. Roberson Day, and Dr. Edmund Capper. The usual circular with full details will be issued in May.

BRITISH HOMŒOPATHIC ASSOCIATION.

WE understand that the Provings Committee of the British Homœopathic Association are taking active steps towards the commencement of re-provings conducted with modern

methods of precision. They will be glad to hear from those of our colleagues and others who are willing to co-operate in the carrying out of this work. Communications should be addressed to the Secretary, Provings Committee, British Homœopathic Association, Regent House, 233a, Regent Street, London, W.

THE LEICESTER HOMŒOPATHIC HOSPITAL.

We learn that the Committee of Management have appointed Dr. Dyce Brown to be Hon. Consulting Physician, Dr. Burford to be Hon. Consulting Physician for Diseases of Women, and Mr. Dudley Wright to be Hon. Consulting Surgeon to the Hospital.

PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL BROMLEY.

We are pleased to learn that Mr. Dudley Wright, F.R.C.S., has been appointed Consulting Surgeon for Diseases of the Ear and Throat to the above hospital.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and donations to the General Fund of the Association since the last published list :—

Donations.

| | £ | s. | d. |
|---|----|----|----|
| Dr. G. Burford | 12 | 10 | 0 |
| Exors. of the late Miss K. Sayer (per Dr. Searson) | 10 | 10 | 0 |
| Mrs. H. F. Fowler (per Secretary) .. | 5 | 0 | 0 |
| Miss E. H. Hamilton („ .. | 5 | 0 | 0 |
| Miss Rice (per Dr. W. Ross) .. | 5 | 0 | 0 |
| W. Ryland D. Adkins, Esq., Barrister-at-Law (per Dr. W. Ross) .. | 5 | 0 | 0 |
| Miss Shadwell (2nd donation, per Sec.) .. | 1 | 1 | 0 |
| Fredk. Puzey, Esq. (per Secretary) .. | 1 | 1 | 0 |
| J. A. Stringcour, Esq. „ .. | 1 | 1 | 0 |
| Miss Roberts (per Dr. W. Ross) .. | 1 | 0 | 0 |
| Miss W. Purkiss (per Kensington, Notting Hill, and Bayswater Dispensary) .. | 0 | 5 | 0 |
| Mrs. Baildon (per Secretary) .. | 0 | 10 | 0 |

| | | | £ | s. | d. |
|-------------------------------|----|----|---|----|----|
| <i>Subscriptions.</i> | | | | | |
| Miss Shadwell (per Secretary) | .. | .. | 1 | 1 | 0 |
| Frederick Puzey, Esq. | .. | .. | 1 | 1 | 0 |
| Miss E. H. Hamilton | .. | .. | 1 | 1 | 0 |
| Thomas Letchworth, Esq. | .. | .. | 1 | 1 | 0 |

| | | | | | |
|---------------------------------------|----|----|---|---|---|
| <i>Ladies' Committee.</i> | | | | | |
| J. M. Maclean, Esq. | .. | .. | 1 | 1 | 0 |
| Mrs. Maclean | .. | .. | 1 | 1 | 0 |
| Albert Bright, Esq. (per Dr. Searson) | .. | .. | 1 | 1 | 0 |

| | | | | | |
|-----------------------|----|----|---|---|---|
| <i>Subscriptions.</i> | | | | | |
| Mrs. Wain | .. | .. | 5 | 5 | 0 |

| | | | | | |
|--|----|----|----|---|---|
| <i>Compton Burnett Fund.</i> | | | | | |
| C. W. A. Stewart, Esq. (per Secretary) | .. | .. | 16 | 0 | 0 |

| | | | | | |
|--|----|----|----|----|---|
| <i>Medical Missionary Course.</i> | | | | | |
| Miss H. Scorer (per Dr. Neatby) | .. | .. | 12 | 12 | 0 |
| H. Marnham, Esq. (2nd donation, per Dr. Neatby) | .. | .. | 12 | 12 | 0 |
| Mr. Lewis, China Inland Mission (per Dr. Neatby) | .. | .. | 12 | 12 | 0 |
| Miss Monro (per Dr. Neatby) | .. | .. | 4 | 4 | 0 |
| Mrs. R. Dawson | .. | .. | 12 | 12 | 0 |
| The Hon. Florence Macnaghten (per Dr. Neatby) | .. | .. | 5 | 5 | 0 |

BURNETT PROFESSORSHIP FUND.

The following Donations have been received to March 12th.

| | | | £ | s. | d. |
|---------------------------------------|----|----|----|----|----|
| Union for the Promotion of Homœopathy | | | | | |
| in the Netherlands | .. | .. | 5 | 0 | 0 |
| Mr. H. T. Cook | .. | .. | 1 | 0 | 0 |
| Dr. E. L. Compton | .. | .. | 0 | 10 | 6 |
| "Anonymous" (Worthing) | .. | .. | 0 | 5 | 0 |
| Miss E. A. Leslie | .. | .. | 0 | 5 | 0 |
| M. Pole (2nd donation) | .. | .. | 1 | 1 | 0 |
| J. H. Laurie, Esq. | .. | .. | 1 | 1 | 0 |
| Major Lester (3rd donation) | .. | .. | 1 | 0 | 0 |
| Mazzini Stuart, Esq. (promised) | .. | .. | 50 | 0 | 0 |

CRYSTALLIZED DIGITALIN AND ITS ADMINISTRATION IN VERY MINUTE DOSES.

FRESSINGER describes the three established methods of administering digitalin: (a) In large doses of 40 to 50 drops of a 1 per mille solution (in dilatation of the heart with temporary disturbance of nutrition); (b) In medium doses of 10 drops of this solution for several days running (tonic and sedative effect); and (c) In small doses of 4 to 5 drops ($=\frac{1}{10}$ of a milligramme per day) continued for about ten days (cardio-tonic). This is particularly indicated in profound change of the heart-muscle (in so-called cardio-sclerosis) whether the same is coupled with nephritis or not. If milk diet and theobromine produce no improvement in these cases, recourse must be had to digitalin in *homœopathic doses*. Given for ten days, with intervals of eight, ten, or fourteen days, for months at a time according to the strength of the cardiac contraction, it often gives brilliant results: If, however, a valvular affection is also present, or the heart has been previously weakened by large doses of digitalis, these small doses of digitalin are often without effect; we should, however, beware of increasing them, as the myocardium is apt to react in an undesirable manner.

Digitalin can be given either in the form of drops, or as granules containing $\frac{1}{10}$ th of a milligramme in each, or in the following mixture-form:—

| | |
|----------------------------------|------------------------|
| Rx Digitalin cryst. sol. alcohol | 1 $\frac{1}{2}$ gtt. v |
| Aquæ dest. | grms. 300 |

One tablespoonful to be taken at 10 a.m. and 4 p.m. daily. The above quantity suffices for ten days.—*Munch. Med. Wochenschr.*, 1903, No. 49.

TREATMENT OF ALBUMINURIA BY OPOTHERAPY.

RENAULT, of Lyons, has recently read before the Academy of Medicine a paper on the treatment of albuminuria by the administration of a "maceration of pig's kidney." His conclusions are as follows:—

(1). Opotherapy constitutes one of the most active and most efficacious methods of medication yet proposed. It opens the blocked kidney better than any known means; it does this rapidly and surely, provided that one has not previously employed renal depletion by means of leeches applied over "Petit's triangle." It rapidly produces intense diuresis, and if sufficiently prolonged brings the urinary flow back to the normal and keeps it there, and it does this without in any way injuring the damaged kidney.

(2). The method has also the advantage over others that it reduces with certainty the albumin excreted by a defective kidney, whilst stimulating the latter to full activity. It may even cause the albumin to disappear for long periods. It would, in consequence, by prolonged functional repose, favour the restoration of the renal glandular epithelium in those cases where such a restoration is histologically possible.

(3). It is an antitoxic method of the first rank, the *antitoxin* consisting of the secretion of the epithelial cells of the convoluted tubuli, and this antitoxin is not destroyed in its passage through the digestive tract of a patient. It is this fact alone which permits of its application in renal therapeutics. Introduced into the organism by the mouth, its effects are those of true *disintoxication*. Whilst doing this it may provoke certain subtoxic effects (pruritus, urticaria, miliaria, critical sweating, and at the end of about ten days some little gastric disturbance).

(4). With the above exceptions, in the numerous cases in which it has been used it has never given rise to real accidents. It has on the contrary exercised its disintoxicating effects in a regular and progressive manner. The high arterial tension, the "Traube's galop," and the tendency of the heart to passive dilatation in patients with interstitial nephritis, have always retrograded under its influence, provided that the last has been maintained sufficiently long.

(5). It is therefore a therapeutic method which ought to be brought into current use, and be employed from the beginning in all cases of nephritis. It is not necessary to use it to replace all the other therapeutic means hitherto considered useful, but it may be used to supplement these whenever they fail to remove renal insufficiency, especially if it has arrived at the pre-uræmic or confirmed uræmic stage of intoxication.—*Revue Homœop. Française*, Jan., 1904, p. 12.

A CURE BY IPECAC.

By H. M. CHAMPLIN, M.D., Bloomsburg, Pa.

Mr. K. came to me in June of this year with a history of malaria since August, 1903. He had for some time been employed at night work at New Haven, Conn., and since then superintending the construction of roads in the marshes about Mt. Vernon, N. Y. Though he had been in the southern camps during the Spanish-American War, and had been in the Philippines a year, he had no malarial symptoms until the time mentioned. The attack followed shortly after the sting of some insect upon the neck, which his physician

thought might have been the cause of the outbreak. The trouble had been continuous since, except that the treatment by his family physician would suppress it for three weeks at a time. The treatment was described as most heroic, and scarcely less dreaded than the disease. While on a visit to his sister in this town he was brought to me for treatment, and as he was in the midst of a paroxysm I did not get symptoms so fully and accurately as I was able to do later. The paroxysms recurred daily at 11 a.m., except as suppressed by drugs. No thirst during the chill, but intense aching pains: Nausea and vomiting were marked symptoms, but I did not learn at this call the extent of the vomiting. I prescribed *natrum muriaticum* 1m, followed by *saccharum lactis*. The next day I saw the patient when it was time to be expecting the chill, and found him feeling well and with none of the premonitory symptoms. As his attacks had always been daily he now felt sure that he would not have another chill, which opinion I did not at all encourage. It may be that *natrum muriaticum* had something to do with curing the case, but I did not think that I had been able to select the right remedy. During the paroxysm of the previous day the vomiting had been severe and prolonged without relief of the nausea. On more thorough study I was convinced that *ippecac.* would be needed to cure the case. The following day the patient called at my office at 10 a.m., still quite hopeful on account of escaping the paroxysm the previous day. But faith did not cure him; a very severe paroxysm followed, the vomiting continuing throughout the afternoon. I prescribed *ippecac.* a few powders each of the 1m and 30th, to be followed by *saccharum lactis*. He had a very light attack the second day thereafter, and none since. His mother, who is now visiting in town, tells me that his general health is much improved, that he has had no chills and taken no medicine since I prescribed for him. No other medicine was given by myself than that above mentioned. This is an undoubted cure with a potency not below the thirtieth. If *ippecac.* was not the only remedy in effecting a cure it was an essential one. - *Medical Century*, Nov.

THE APPENDIX AND LEAD POISONING.

TENDERNESS over McBurney's point may occur in other conditions than appendicitis, for instance, in spastic constipation, and, as the ureter is in this position accessible to palpation, in renal colic. J. Donath (*Wien. klin. Rundsch.*, October 25th, 1903) has frequently observed it in lead colic.

(1) The colic may be limited entirely to the ileo-caecal region or be most intense over the appendix. McBurney's point is exceedingly tender. Usually the attack begins in this way, and later becomes generalized over the abdomen; but in slight cases the initial localization may persist to the end. Some believe that the symptoms are due to a combination of appendicitis and lead poisoning, but this view is improbable in the absence of dulness, resistance to pressure, and pyrexia. A worker in lead was seized with abdominal pain of a spasmodic character, and chiefly localized in the right side. There were constipation, nausea, vomiting, and a blue line on the gums, and the urine contained lead. The temperature was normal or sub-normal. The abdomen was rigid, and McBurney's point extremely tender. There was no dulness over the right iliac fossa, and no swelling could be felt. Similar attacks of colic recurred frequently, but after four days' treatment the pain and tenderness over McBurney's point had almost disappeared. (2) In other cases of lead poisoning McBurney's point is tender, though there is at the time no colic, or at most slight diffuse pain. There is usually a history of former attacks of colic, or the tenderness appears as the colic is subsiding, or more rarely as the first symptom of a typical attack. Thus a man had repeated attacks of lead colic. The whole abdomen was somewhat tender, though most markedly at the umbilicus and McBurney's point and over the descending colon. After the attacks of colic had ceased, the tenderness at McBurney's point persisted for several days. It is common for tenderness to be present over McBurney's point in lead workers who have no acute symptoms of poisoning. Cases have been published by French writers in which laparotomy was performed for appendicitis, when the true condition was lead poisoning. Possibly appendicular colic occurs both in appendicitis and lead poisoning. In the former the cause is an obstructed lumen, in the latter it is the irritation of lead. — *Brit. Med. Journal*, Jan. 30th.

THE PHYSIOLOGY OF FATIGUE.

The following interesting letter appeared in the *British Medical Journal* of Jan. 30th

SIR.—In your leading article on the Physiology of Fatigue you call attention to a most important subject. You state that the "fatigue-point" is difficult to determine, the factors concerned being so complex; but is it not possible to ascertain the primary cause of fatigue? There are no doubt many other causes, but, from my own personal experience, I believe

it will be found that the primary cause depends upon auto-intoxication, which promises in the near future to surpass even the ubiquitous microbe as a cause of disease. I was very much impressed by the observation of a member of the House of Commons which I met with in an old book, to a fellow-member who was complaining of the ill-effects upon him of the atmosphere of the House: "I can stand it if I don't eat too much." What truth there is in that observation, and how wide is its application! Formerly I was in what may be called a state of chronic fatigue. My digestion failed, and I had to change my diet, avoiding flesh food. To my astonishment, the sense of fatigue was gone, and I did not know what it was to be tired. I never seemed to wish even to sit down, let alone lie on the couch, as I had been in the habit of doing. I became sleepy at bedtime, but I was not really what one would call fatigued or tired when I went to bed. Such a marked change astonished me, and helped me to an explanation of the observation of the member of the House of Commons. When he ate little he had little waste in his system to consume, and even the polluted air of the House was sufficient to supply him with all the oxygen he required: whereas his friend, who ate too much, was as it were poisoned by his inability to consume the waste products in his system. So is it with regard to fatigue: he who eats too much is easily fatigued.

A single meal may produce fatigue if it is unusually large or rich. Workmen are easily fatigued on Monday, compared with any other day of the week, owing to having more food and less work on the Sunday. Thus I have come to regard fatigue as a product of over-eating and the result of auto-intoxication. That I believe to be the true "Physiology of Fatigue," and any one can test its truth who has sufficient self-denial to put himself on a very restricted diet for a sufficient length of time. It may take a month or two to effect any great change, unless the change of diet is preceded by fasting, or a diet of fruit alone, for some days. My experience, I find, is not uncommon among those who have given up eating animal food, and it may be found that such food is the chief cause of the fatigue, which is so common. This is rendered highly probable by the fact that the staying power of those who are called vegetarians is so much greater than that of those who eat the flesh of animals in walking matches over long distances. It is a subject well worthy of the attention of every one, but more especially of physiologists.—

I am, etc.,

HAWICK, Jan. 18.

JOHN HADDON, M.D.

MOSQUITOS AND MALARIA: A CHALLENGE.

THE formation of an Algerian League for the Prevention of Malaria, has moved some ardent unbelievers in the mosquito theory of the origin of that disease to issue a challenge to the promoters of the movement. Dr. Emile Legrain, editor of the *Revue Médicale de l'Afrique du Nord*, and Dr. Alcide Treille, Physician to the Civil Hospital of Constantine, and Professor of the Diseases of Hot Countries, both retired medical officers of the French army, offer themselves as the subjects of experiment. They will submit to be bitten by mosquitos fed on a patient suffering from quartan ague, "the only type of fever on which one can count for an accurate and protracted observation." They undertake to use no preventive treatment beforehand, to take no bark or quinine in any form, and to use no antipyretic therapy. They will, in a word, allow the fever to pursue its course in them uncontrolled, "with all the hæmatozoa it may please to develop, as long as it may please, and in any manner that it may please." They consider Manson's experiments unscientific and inconclusive, and are anxious that the question may be tested on their persons before a campaign, "as useless as it is likely to be costly," is entered upon in Algeria.—*Brit. Med. Journal*, Jan. 30th.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—I have not as yet been able to get a copy of Messieurs the Doctors Jousset's *Memorial de Thérapeutique* that you refer to in your March number. From your criticism it would appear to have many qualities necessary to a useful handbook of practice, but I respectfully venture to suggest a caution respecting the dosage of some of the medicines mentioned in your citation from the section on influenza. Twenty drop doses of aconite are neither homœopathic nor allopathic, but simply a mode of poisoning, and no practitioner in this country would venture to employ them. Possibly there is a printer's error here, but half gramme doses of quinine and rhus in mother tincture must also give us pause. Knowing as we do the value of grain doses of quinine and of drop doses of rhus 1 in influenza, to which these medicines are undoubtedly homœopathic, it is not clear why the much larger doses mentioned should be recommended, unless the Drs. Jousset have experience of their necessity and safety out of the common. Any translator of the work into English would I think act advisedly in adding a caution on this point, unless our respected *compères* the authors should think proper to offer an explanation of the unusual doses recommended by them.

I am, yours, etc,

BIRKENHEAD, *March* 13th.

P. PROCTOR.

NOTICES TO CORRESPONDENTS.

“.” *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E.C.; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Drs. CLARKE, DUDGEON, GOLDSBROUGH, SEARSON, BLACKLEY, WASHINGTON EPPS, Mr. J. M. WYBORN (London); Dr. LAMBRECHTS (Antwerp); Dr. PERCY WILDE (Bath); Dr. PURDOM (Croydon); Dr. PROCTOR (Birkenhead); Dr. H. NANKIVELL (Bournemouth); Dr. MADDEN (Bromley); Messrs. BOERICKE & RUNYON (New York).

BOOKS RECEIVED.

The Medical Annual, 1904. Bristol: John Wright & Co. *Catalogue of Books*. Boericke & Runyon, New York. *The Homœopathic World*, March. *The Vaccination Inquirer*, March. *The Bournemouth Observer*, February 6th. *The Bromley District Times*, March 4, and 18. *The Bromley Chronicle*, March 3. *The Bath Herald*, March 3. *The Fifteenth Annual Report of the Phillips Memorial Homœopathic Hospital and Dispensary, Bromley*. *The Fifth Annual Report of the Croydon Homœopathic Dispensary*. *The Indian Homœopathic Review*, February. *The Indian Homœopathic Reporter*, December and January. *The Homœopathic Recorder*, February. *The Clinique*, February and March. *The Therapist*, March. *The Homœopathic Envoy*, March. *The Cleveland Medical and Surgical Reporter*, February. *The University Homœopathic Observer*, Ann Arbor, January. *The Hahnemannian Monthly*, March. *The Medical Advance*, February. *The American Medical Monthly*, February. *The Medical Times* (New York), March. *The Medical Brief*, March. *The Pacific Coast Journal of Homœopathy*, February. *The Medical Century*, March. *Journal Belge d'Homœopathie*, February. *Revue Homœopathique Française*, February. *Allgemeine Homœopathische Zeitung*, February 25 and March 10. *Homœopathisch Maandblad*, March. *Mitteilungen der Ortskrankenkasse für Leipzig*, March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SONS, Limited, 53, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

ALLOPATHIC RED-TAPE IN CALCUTTA.

WE entitle the incident we have to notice a piece of Allopathic Red-tape, as in all probability DR. COOK, the Health Officer in Calcutta, was legally within his rights in instituting the prosecution against DR. GUPTA, but the red-tapeism, on the most charitable view of the case, will not account for the prosecution. The real object is palpable to the "man in the street," without any suggestion on our part. The facts of the case are as follows. The extract is taken from the *Indian Homœopathic Review* of January :—

"On Tuesday, Dec. 15th, at the Municipal Magistrate's Court, Calcutta, before BABU PRYANATH MUKERJI, DR. G. L. GUPTA, M.D., was prosecuted for not having his homœopathic dispensary registered under Section 497 of the Calcutta Municipal Act. It appears that since the establishment of his dispensary about two years ago, the defendant has been writing numerous letters to the Corporation to have his dispensary registered under the above section. It was recommended by DR. R. SEN, District Health Officer, District No. 1, but the matter was placed before DR. COOK, Health Officer of Calcutta, for opinion. He refused the registration on the ground that the dispensary had no 'certificated' compounder. Consequently the matter came up before the Municipal Magistrate for decision, whether a homœopathic dispensary required a

'certificated' compounder and registration under Section 497. DR. COOK in his deposition before the Court said that he did not recognize homœopathy, that homœopathic medicines were very poisonous, and that homœopaths used large doses of poisonous medicines. He further stated that the Government never recognized homœopathy, and therefore every place wherever any drug was sold, be it a homœopathic dispensary or a kabiraji firm, should and must have a 'certificated' compounder passed from a Government Medical School.

BABU SARAT CHANDRA SANYAL, with BABU SARAT CHANDRA SEN, appeared for the defence, and contended that no prosecution under Section 497 could lie, inasmuch as the Local Government made no rules prescribing an educational course for candidates for compounders' certificates in homœopathy, that as the Corporation did register other homœopathic dispensaries where there were no 'certificated' compounders, they were estopped from the present prosecution, and that the Chairman's discretion to register drug shops must be guided by objective rules, and must be same in similar cases.

DR. J. N. MAJUMDAR, M.D., who gave evidence on behalf of the defence, submitted that a compounder passing from a Government Medical School was not competent to administer homœopathic medicines as long as he had no special training in that branch of Medical Science; that homœopathic mother tinctures were imported into this country from Europe and America; that mother tinctures were never used internally; that homœopaths never use big doses of medicine; that homœopathic medicines are never poisonous in their effects; that they have especially to train men as compounders, and that DR. G. L. GUPTA's present compounder had such a special training.

The defendant's compounder also deposed that he attended lectures at the Calcutta Homœopathic School for two years; that he had been a Dispensary Assistant of DR. PRATAP CHANDRA MAJUMDAR for about two years, and that he had got a certificate of competency granted by DR. MAJUMDAR which he filed in Court.

The contention of the prosecution was that every shop wherever any drugs was sold should have a 'certificated' compounder.

The case was hotly contested on both sides, and the Magistrate reserved judgment till the 22nd instant."

That the facts as above stated are correct is seen from the following judgment of the Court.

“MR. P. N. MUKERJEE, Municipal Magistrate, yesterday disposed of a case of great importance, not only to the medical profession, but to the public in general. The facts of the case will be gleaned from the following judgment of the Court : ‘DR. G. L. GUPTA has been prosecuted for keeping a place for the retail sale of homœopathic drugs without having it registered, the registration having been refused because he did not keep a certificated compounder. Compounders usually employed at the allopathic stores undergo a certain course and get a certificate of competency from the authorities of the Campbell Medical School. This homœopathic store does not employ such a man, and in consequence the Health Officer has refused a registration, and the reason he gives is that it is unsafe to let loose an unqualified man in a homœopathic drug store, where poisonous drugs are kept and dispensed on prescriptions. He is further of opinion that as homœopaths use the same poisonous drugs as allopaths, they ought to have the usual passed compounders. The defence is that the defendant had always had a properly qualified homœopathic compounder, and that the ordinary certificated compounder would be of no use in a homœopathic dispensary. It is unfortunate that when registration was refused, the defendant did not appeal to the General Committee as provided in Clause 3 of Section 497. If he had so appealed, and the General Committee had given a decision under the law, such decision would be final. Not having made such an appeal, the defendant contends that the option is still reserved to him to contest the point in Court before he is convicted. It appears that the compounder at this dispensary learned his work at the bigger dispensary of DR. PROTAP CHUNDER MAJUMDAR, who commands one of the largest homœopathic practices in Calcutta ; that he also attended the lectures in a homœopathic school for two years and got a certificate of competency from the said doctor, and has the requisite knowledge of homœopathic pharmacy, and the potency and drug power of the various medicines. It appears also that DR. PROTAP CHUNDER MAJUMDAR’s dispensary was licensed by DR. PEARSE, Acting Health Officer, in September last. The document has been filed, and, under the provisions of Section 589 of the Act, it proves itself. On the testimony of his son,

DR. J. N. MAJUMDAR, M.D., the father being out of town, we have it that the usual Campbell School compounder is not employed at this large drug store, and yet it has been registered by the Corporation, so that there appears no uniformity of principle in dealing with homœopathic drug stores. I called for a copy of the rules required to be made by the Local Government under Section 490, under which certificates of competency are granted to compounders, as Section 490 makes it clear that such rules apply to places which have to be registered under Section 497, and it is under this section that the present prosecution has been made. These rules have not been forthcoming, and it is not clear under what set of rules the Corporation are acting in refusing registration of a homœopathic drug store, when a man who knows the business of making proper dilutions and preparing drugs according to the Homœopathic *Pharmacopœia* is employed, although the man may not hold a Campbell School certificate. Dr. J. N. Majumdar states in his evidence that homœopathic medicines do not have the same poisonous effect as allopathic drugs, because they are given in such infinitesimal doses, and although mother tinctures are poisonous, their internal use is now condemned, and they are only used for external application. Homœopathic medicines are not mixed, and in the dilutions usually prescribed they are in such an attenuated form that an error of dose is not likely to produce ill effects at all approaching the misuse of allopathic drugs, or in fact any ill effects at all. In the *Encyclopædia Britannica*, 10th edition, 1902, in an article which is by no means quite appreciative of, or favourable to homœopathy, I find the following: 'The effect produced upon both the laity and the general profession of medicine by the introduction of homœopathy was salutary in many ways; it diminished the quantity of medicine that was formerly considered necessary for the eradication of disease, and this revealed the fact that *vis medicatrix naturæ* is often sufficient with occasional and gentle assistance to cure many diseases, especially those fevers that run a definite and regular course. In addition it prepared the medical mind for the reception of truths soon to be revealed by the aid of the microscope by Schwann, Pasteur, Chevreul, and Lister. The trend of belief in the law *similia similibus curantur* is now forcibly shown by the rapidly increasing adoption of the serum therapy, which consists of the treatment of the

most malignant diseases (diphtheria, lockjaw, typhoid fever, tuberculosis, bubonic plague) by introducing into the system a modified form of those poisons that produce them in the healthy individual. It has been publicly announced that, if the homœopathists would abolish the name homœopathy, and remove it from their periodicals, colleges, hospitals, dispensaries, and asylums, they would be received within the fold of the regular profession.' In these circumstances, with every respect for DR. COOK's opinion and with no personal leaning towards homœopathy, I am of opinion that the present prosecution cannot be maintained.'

The defendant was accordingly acquitted."

This interesting and important action at law would, if successful, have, as a matter of course, resulted in the shutting up of DR. GUPTA's homœopathic dispensary, since, if an allopathic compounder had had the charge of the dispensing and compounding of the medicines—one who had no training in the preparation of homœopathic medicines, and who knew nothing of homœopathy and its dilutions—there would have been no chance of certainty and accuracy in the compounding of the dilutions. DR. COOK must have known this, and that the result would, automatically, be the closure of the dispensary, and we venture to assert that "the man in the street" could come to no other conclusion than this extinguishing process was the real aim of the prosecution. It will be seen that during the two years in which the dispensary has existed, DR. GUPTA had made repeated applications for registration, which had, seemingly, been ignored, and that the registration of it was recommended by DR. R. SEN, District Health Officer, of District No. 1. DR. COOK, in his depositions before the Court as reported, showed the most crass ignorance of homœopathy and its medicines, and stated *ex cathedra* that he "did not recognize homœopathy," as if it made any difference to the case what his personal opinion was, or whether he recognized homœopathy or not. It is amusing to see how the old-school "blow hot and cold" about homœopathic medicines. Here is a man who says that homœopathic medicines are very poisonous, and that homœopaths use large doses of these poisonous medicines, which are therefore most

dangerous, and require to be regulated by a "certificated" compounder, because it suits his purposes to say so, and to show the necessity for the prosecution. But when the object is simply to pooh-pooh homœopathy, we are told by others that the dilutions of homœopathic medicines which are in current use are equal to so much cold water, or as one of our leading old-school editors recently put it, equal to "no treatment at all." Such is a sample of the unreasoning prejudice and ignorance that homœopathy has to put up with. Probably those who express either of these views do not believe what they state, but all the same such statements are made, to the annoyance, of course, of homœopaths, but with a knowledge that such ridiculous statements do no real harm to homœopathy, but only rebound on the heads of those who make them, and convict them from their own lips of ignorance of what, as professional men, and as supposed to be seeking for the truth, they ought to know. It is a remarkable feature in this twentieth century that, while in every other sphere of science or thought, men who hold their own views know what those who differ from them hold, in the profession of medicine the vast majority of practitioners do not know, and often boast that they do not know, the principles and practice of the most conspicuous "heresy" in medicine. And yet they express an opinion on homœopathy, and run down as absurd and valueless what they do not know anything about. Such a position would not be tolerated in any other sphere of scientific thought. The man who thus gave an opinion on what it was evident he knew nothing about would be put down as a—what?—we forbear to finish the sentence.

It is refreshing after DR. COOK's statements to turn to the clear and common-sense judgment of the judge, MR. P. N. MUKERJEE, in consequence of which DR. GUPTA was acquitted. We congratulate Calcutta, homœopathy, and DR. GUPTA. The judgment shows that British justice in all parts of the Empire so prevails, that an Indian judge can fearlessly give a verdict against even a Government official, when he is manifestly in the wrong.

We have brought to the notice of our readers this important case in full, as we do not look on the prosecution and the acquittal as a small thing of mere local interest. We look on it from an Imperial point of view, and as an

effort on the part of the Health Officer of one of the most important cities in the Empire to extinguish a local charity, simply because, forsooth, he did not "recognize homœopathy." The result is most satisfactory for liberty of opinion, not only for Calcutta, but for the whole British Empire. And it has a very important bearing on the incident we recently recorded in full in our *Review*, the attempt by a Medical Board in Hobart, Tasmania, to oust MR. GERARD SMITH from his appointment of Local Health Officer of Hobart, because he was a homœopath, though nominally on technical grounds. The two cases are very similar, and the result in both cases was a signal failure.

We trust that this success will bind together all the adherents and practitioners of homœopathy in Calcutta, and enable them to show a strong and united front against any attempt to extinguish homœopathy on the part of the old school, and thereby to promote the liberty of opinion which is one of the most unique and beneficent features of British rule in every part of the Empire.

THE CHAIR OF HOMŒOPATHY IN THE UNIVERSITY OF LEYDEN.

WE have been hoping to hear details of the above appointment, and something of the new Professor, whose appointment was received by the old school with anything but a sense of satisfaction and pleasure. In the *Homœopathic Recorder* for February, we get the following interesting information.

DR. MENDE-ERNST.

"This homœopathic physician in Zurich, Switzerland, as has been stated before, has received a call as Professor of *Materia Medica* in the Dutch University at Leyden. A number of allopathic journals showed their vexation by adding to this information the remark that the future professor had formerly been a clergyman. A reputable American allopathic journal showed its malice by stating that 'a certain Mende-Ernst, of Zurich, formerly a clergyman, who is known in Switzerland as a *quack and a homœopath*,' had been appointed professor. After careful inquiry we can inform our readers that all these malicious remarks are *cut out of whole cloth*."

DR. MENDE-ERNST was born in the year 1853, and received his diploma as practicing physician in July, 1875, after a regular examination in Switzerland, and received his patent for practicing his profession on July 22nd, 1876, in the Canton of Zurich. His diploma as doctor dates from December 22nd, 1876. From this time on he practiced medicine in Zurich without any interruption. One of our Swiss subscribers sends us the following additional information: 'DR. MED. MENDE is a most suitable man for such a position. He is of a sympathetic presence and possesses a very extended medical culture. He was a pupil of Professor BAKODY in Budapest, and as homœopath he is to be counted as of the modern school. DR. MENDE has always been much sought after and very busy in his profession as homœopathic doctor, and has never been a clergyman.' "

We wish DR. MENDE-ERNST all success in the very important post to which he has been appointed. It is a great event in the history of homœopathy, and we trust it may be full of fruit for the future, and that the example of the University of Leyden may be followed by other Universities, not only on the Continent, but in Great Britain.

ACUTE INFLAMMATIONS OF THE FAUCES, TONSILS, AND LARYNX, WITH SOME ILLUSTRATIVE CASES.

By EDWARD M. MADDEN, M.B.,

Senior Physician to the Bromley Homœopathic Hospital.*

BEFORE I begin my lecture proper, I wish to thank the Committee of the Homœopathic Association for doing me the honour to ask me to be one of their first lecturers in the new efforts they are making towards the propagandism of our therapeutic tenets, and to thank you, gentlemen, who have done me the honour to come and hear me. I have chosen the subject as one of which, as a general practitioner, I have necessarily had a considerable experience, and also one in which it has always seemed to me the advantages of homœopathy are peculiarly apparent; for over and over again it has happened to

* Being the third "Wednesday Lecture" delivered at the London Homœopathic Hospital on January 27th, 1904.

me to attend patients for a throat affection, to which they have been frequently liable, and to hear their grateful acknowledgments of the superior efficacy of our treatment in lessening their sufferings and cutting short the attack. In compiling my paper I have hardly at all referred to any book on the subject, but have drawn almost entirely on my own experience, and have endeavoured to make it as practical as possible, in the hope of making it useful to others in a similar position to myself as a family physician, when they have to treat these cases in their own practice, even if they have no large experience of homœopathy. I should also like to disclaim in advance any pretension to an exhaustive presentation of my subject. All I can hope to do is to bring before you typical examples of most of the more common kinds of inflammation in this region, and which therefore are the most likely to be met with in general practice. In dealing with the treatment, also, I can only attempt to lay before you the medicines which experience has shown to be the most frequently useful; but of course in this, as in all other departments of our work, cases are not infrequent in which, from some atypical form of the disease, or from some constitutional peculiarity in the patient, the medicines in common use are not the *similimum* to the whole condition, and others have to be sought for, either in standard works on the subject, or by a careful study of the *Materia Medica* and its repertories.

It is rarely possible during student life to follow carefully through their course cases of these inflammations. Many cases, in various stages, are brought to the out-patient departments for children, or, if adults, come themselves, but these are rarely seen more than once or twice at comparatively long intervals; while a few of the most severe cases are taken into the wards, chiefly those which do, or are expected to, need surgical treatment, but such cases form a very small percentage of all the sufferers from similar complaints.

When, however, one goes into private practice, as a general practitioner or family doctor, one finds that cases of this group are among the most common of all acute illnesses, whether resulting from chill or from germ infection, and most of all among children or young adults; and one's success, or otherwise, in giving rapid relief to

the milder cases, and in saving life in the severest ones, goes to form a very large part of one's reputation for skill, on which one's success in life so entirely depends.

Fortunately for us, and for our patients, there are hardly any conditions of the throat met with in its acute inflammations which are not very closely imitated in the effects of various drugs when given in toxic doses, so that it can very seldom happen to us, who give drugs in accordance with the law of similars, to be unable to find a drug which is in this way definitely specific to the lesion we have to treat, as well as others (if needful) which are specific to the constitutional condition accompanying it.

But while we use such specific medicines, we are in no way debarred from using at the same time any other means of assisting in the cure, whether by surgical interference, serum therapy, gargles or sprays (either for the local application of specific drugs or of an antiseptic), or the external application of poultices, compresses, etc., and all these methods we do constantly make use of in suitable cases, though in quite a considerable proportion such adjuvantia are not required.

The simplest and most common of all such inflammations are those which accompany an acute catarrh, or common cold; for though these are by no means always inflammatory, they frequently are so in a high degree, and especially if they are of the type associated with influenza. And here I would just pause to say that I hold that *all* acute colds are caught by infection, for, though exposure to damp and chill predisposes to its development, yet in the absence of infection no catarrh or coryza will follow such exposure, as the experience of all Arctic voyagers has demonstrated.

The preliminary symptoms of general chilliness, shivering, and fever so closely resemble the effects of aconite, that this is the first medicine to be given, and, if begun early enough, and before local symptoms have developed, the whole thing may be nipped in the bud, and especially if at the same time means are taken to restore the circulation in the skin, by a hot bath, or best of all where obtainable, a hot-air bath. But it is often impossible to begin the treatment early enough to strangle a cold at its birth, and then its well-known symptoms soon show themselves, and among them are very constantly a congested, raw state of the mucous membrane of the fauces, uvula, and posterior pharynx.

Now it is a very common opinion, both with the public and among doctors, that a cold must run its course whether treated or not; and many a doctor, if asked what he would give for a cold, would reply, "a fortnight," more or less.

But if treated by homœopathic drugs the statutory fortnight can usually be curtailed by one half at least, and can often be reduced to four or five days. The medicines which produce symptoms most closely resembling those of a bad cold where the throat is affected, are mercury and the iodides, and for some years now I have been using mercurius protiodide, to which is added a sufficiency of iodide of potassium to enable it to be completely dissolved if put into water, i.e., pot. iod. grs. xv to merc. protiod. gr. j, and taking this mixture as the matrix substance, I have sugar of milk added to it in proportion so as to reduce it to our 2x trituration of the merc. prot. contained in it (i.e., of course, 1 part in 100); of this I give 1 grain for a dose and repeat it at frequent intervals with the most gratifying success. In my own person I have constantly cut short what appeared to be a very heavy cold in two or three days, and it is quite exceptional to see one last beyond a week among those who take this preparation. Of course, I do not pretend that this is infallible in all cases, but only in a large proportion of those I have treated; and I can cordially recommend it to your attention in this comparatively insignificant, but most annoying complaint.

In simple acute inflammation of the fauces we find the soft palate, uvula, and both arches of the palate a bright red colour, slightly swollen, but not ulcerated, and the posterior pharynx also, though to a less degree, sharing in the congestion, and the same may be said of the surface of the tonsils. This condition is always accompanied with more or less of fever and general *malaise*, and gives rise to pain on swallowing, which is usually worse the smaller the bolus to be swallowed.

The same condition of the throat, almost exactly, is seen during certain of the specific exanthemata, especially scarlet fever, rōtheln, and measles, but it is often met with independently of them, and may then be considered as a simple *angina per se*.

Here there is one medicine the toxic effects of which so closely resemble the symptoms to be treated, that no

hesitation need be felt in choosing it as our chief, if not the only, drug to be relied upon to cure. This medicine is Belladonna, and as its effects upon the throat are so well known to every student of *Materia Medica*, it is superfluous to recount them here, even to those who as yet know little or nothing of homœopathy. We give, then, in these cases Belladonna, which acts, in my experience, very well indeed in the lower, i.e., stronger, dilutions, such as a drop or two of the ϕ , or lx, repeated every hour or two, or where there is much fever, giving it in alternation with aconite. At the same time it is usually a great comfort to the patient to apply cold compresses outside the throat, but where there are no ulceration or œdema in the throat I do not usually use any internal local treatment. The following is a fairly typical example of a severe case of this kind, and the course we may expect it to run.

Master M. E., aged 14, had been ill for three days when I was sent for to see him on 30th Nov., 1903. He had been complaining of a severe headache, and a sore throat and slight cough, for which his mother had put on a large mustard poultice over the chest. I learned that he had had a rather long shivering fit to start his illness, but no vomiting, and when I saw him (it was about 4 p.m.) his pulse was 152 and the temperature 104.2; his throat was uniformly red all over, but no ulcers, and hardly at all swollen; he had still a slight headache, a white, coated tongue with red papillæ, and a tickling throat cough, but beyond these no symptoms except the following: His chest showed a bright blush all over the area which had been covered by the mustard, and as this seemed inclined to spread at its edges it made one at first a little uncertain if he were not suffering from scarlet fever, with the rash only partially developed; but although it remained visible for three days it never extended any further, and the subsequent condition entirely negated this suspicion. My diagnosis was "influenza," and the fact of his mother developing acute influenza of the neuralgic type while he was convalescent, seems to confirm this diagnosis.

I gave him Aconite and Belladonna alternately at intervals of one hour, and applied cold compresses round his neck every four hours. On Dec. 1st the T. was 102 and P. 132; he felt much less pain in the throat, though it looked very much the same, and he still had some throat

cough. On Dec. 2nd, T. 99, P. 108, and his throat was looking much less inflamed and felt quite well to himself. On that evening—as so often happens in acute influenza—his temperature made a last expiring flicker and rose to 101° , but on the 3rd he was 98.7, P. 92, and except for the slight cough, which lasted three or four days more, he was quite well. On this day I stopped the *aconite*, but he went on with the *belladonna* till the cough ceased, having had no other medicines but these two during the whole of the attack. I may just add that I saw him occasionally, while attending his mother, for a fortnight after he was quite well, and repeatedly examined to see if there was the slightest appearance of peeling, in case my diagnosis had been wrong, but not the least ever appeared, neither did any case of scarlet fever develop in the house subsequently. Of course, in practice, the diagnosis, especially of an infectious disease, is of the utmost importance, but for the purposes of this lecture it is of entirely secondary importance whether the inflammation in M. E.'s throat took its origin from the infection of scarlet fever, drain smells, epidemic influenza, or simple catarrh, and I would ask you to believe that, so far as the throat affection went, it would have yielded to the treatment I have described equally well from whichever source it originated.

And here we touch upon a question which is frequently referred to in discussing homœopathy, viz., that it is often said that in homœopathic practice we entirely disregard pathology and treat symptoms only. This, however, is a very unfair statement of the case, for from the time of Hahnemann to the present day it has always been insisted upon that we should study what we call the "totality of symptoms," i.e., every discoverable symptom connected with the disease, both objective, which can be seen or discovered by the physician by examining the patient and the disease products in every possible way, and subjective, which can be felt and described by the patient alone. And if you come to think of it, these symptoms in their aggregate make up a complete pathology so far as facts are concerned; and the only part of pathology we can with any truth be accused of neglecting, is that which concerns itself with speculations and conjectures as to the ultimate causes of disease, which are proverbially uncertain, and change with almost every generation of

pathologists, and are not always agreed upon by those who are contemporary.

The next form of inflammation I would call your attention to is the ulcerated sore throat; this is commonly due to septic infection, and is shown chiefly, though not entirely, by ulcers on the surface of one or both tonsils. It is often called follicular tonsillitis, though it is nearly always associated with a general angina of the kind we have just been considering, to which the follicular ulceration of the tonsils is added.

The following is a good example of a mildish form of this condition. Miss W., æt. 56, on the 20th Dec., 1903. noticed a very foul smell as she walked past where some old houses had just been pulled down. On the 22nd she sent for me, and reported that all the previous day had felt very ill, with a bad headache, sore throat, and aching all over her. Her pulse was 112 and temperature 99.4. The whole of the fauces was bright red and rather swollen, and on the right tonsil there were several small ulcers, and one patch where three or four had coalesced into a large one covered with thick, purulent discharge. The glands outside the tonsils were enlarged and tender. She still had a bad headache and the general aching all over.

For this condition I prescribed *bell*, ϕ in m_j doses and *merc. biniod.*, 2x, in 1-gr. doses to be taken every alternate hour, to gargle her throat with *pot. chlor.*, 3j to the pint, and apply hot compresses outside. The headache continued bad all that day, and at night the temperature was 101°, but she had a good sleep, and on the 23rd felt very much better; the throat was looking much less inflamed, and all signs of ulceration and discharge had ceased, only leaving rather inflamed-looking pits scattered over the tonsil; the temperature was N. and pulse 100. The temperature rose again to 99.8 that evening, but by the next day she was practically well.

The following, again, is a good example of a bad attack of the same thing, a condition which, as the French say, "gives one furiously to think" that it is a case of diphtheria. As a matter of fact it proved not to be so, but I would defy anyone at a certain stage of it to feel certain of the diagnosis without a bacteriological examination. The patient was a young woman, Miss F. T., aged 24, who had been under my care for the previous six months

and treated for chronic nephritis, with dropsy, albuminuria, and occasional hæmaturia, which had lasted for three years following on an attack of acute nephritis. The treatment for this does not concern us here, but suffice it to say she had entirely lost all her symptoms of nephritis for over two months when on Feb. 9th, 1903, she sent for me to attend to her sore throat, for which, as you see, her former history made her a particularly bad subject.

She had been feeling very unwell since the forenoon of the previous day, and when I saw her at mid-day on 9th Feb. she had a severe headache and backache, ached in all her limbs, and had a bad sore throat. On examining the throat there was, besides a general acute angina, a membranous deposit covering the whole of both tonsils, which were considerably swollen, very tender on external pressure, and exceedingly painful on swallowing. The tongue was covered with a thick, moist, dirty-white fur. The pulse was 120 and the temperature 101.5° , and she felt extremely ill. I gave her *baptisia* ϕ m_j and *merc. cyanide*, 6c, m_{ij} every hour in alternation, and ordered her to use a spray to the throat of *sanitas*, 1 in 10 of water, every two hours, and to apply a hot compress outside every four hours. I at once took a specimen on a swab from the tonsils and sent it up in an express letter to the Clinical Research Association for examination, and was prepared to inject the diphtheritic antitoxin at once if the report should prove its being diphtheria.

And here I will confess at once that I think it would have been wiser to have used the antitoxin immediately in a case of so suspicious an appearance; for with proper precautions it is practically incapable of doing any harm supposing the case turn out not to be diphtheritic, whereas if it is diphtheria the most advantageous time for using the antitoxin is lost while waiting for the report of the examination, which, unfortunately, takes at the least twenty-four hours to complete. In this case, however, I received the report the next afternoon to the effect that though many septic cocci, chiefly the streptococci and staphylococci, were present, no Löffler bacilli were to be found, so that my omission to use the antitoxin was no disadvantage to her. At my visit on the morning of the 10th I learned that her temperature the night before had reached 103.4° , but she had had a good night and felt better this morning; her T. now was 100° and P. 92.

Her headache and general pains were considerably modified, but the membranous appearance on the tonsils was very much the same, while the uvula and soft palate were very swollen and œdematous. The urine to-day gave evidence of a decided relapse of her former hæmaturia, and was a deep brown colour. I now exchanged the *bapt.* for *apis* 2x, and continued the *merc. cyan.* and all the rest of the treatment ordered the day before. That evening the T. only rose to 101·6°. On the 11th the tonsils were beginning to clear, all headache and pains were gone, the T. was 99·8°, and P. 80, but the hæmaturia continued. On the 12th all membrane had disappeared from the throat, and the œdema had gone down, but the tonsils looked and felt very raw and sore. The urine was still containing some blood, but she had no pains in the kidneys and no swelling of the feet. I now changed the medicines to *terebinth* 1x and *merc. biniod.* 2x. From this time the condition ceased to be acute. The hæmaturia ceased on the 14th, and by the end of the month no trace of albuminuria remained. The tonsils had become quite normal both in appearance and feeling by the 16th, and although her convalescence was somewhat prolonged by neuralgia and an anæmic condition, the throat gave her no further trouble, nor did any paralytic symptoms supervene. From the fact of her brother-in-law, in whose house I attended her, developing an uncomplicated but severe attack of influenza within a few days of her beginning her illness, I am inclined to diagnose her case as being of the same origin, and taking the form of a pseudo-diphtheritic tonsillitis, as no other source of septic invasion could be discovered to account for it.

In the cases I have just recorded of follicular or lacunar tonsillitis, I have mentioned the use of most of the chief remedies which are homœopathically specific to, and are found practically most successful in treating it during its acute stage, but there is one other of almost equal importance, and in some epidemics of it by far the most useful of all—I mean *phytolacca*. It is not very easy from its pathogenesis to differentiate between those cases to which it or the iodides of mercury are the truest simile, but in practice I have come to rely upon *phytolacca* chiefly in those attacks in which the parenchyma of the tonsils is involved more deeply, and where there are large and tender lymphatic glands in the neck as well as the internal

ulceration and the general angina. This condition, as I have suggested, is more frequently met with when an epidemic of it is raging, and when this is the case nothing can be more satisfactory than the rapid way in which it expedites the cure. I usually give it in the ϕ or 1x dilution, though others who use the 6x and even higher dilutions seem to be equally satisfied with their results.

A still further degree of severity of the same affection, so far as the parts involved is concerned, is seen in cases of true diphtheritic infection where the local manifestation does not spread down the larynx. Here you get the general acute angina, the ulceration with membranous deposit beginning on the face of the tonsils, but also spreading over the soft palate and its nasal surface as well; you have the parenchyma of the tonsils and its external glands involved, and even peritonsillar and peri-pharyngeal abscesses and sloughs, with a state of general blood-poisoning and albuminuria. Such a case, when well pronounced, is about as serious an illness as one can ever meet with, hardly even exceeding those other cases of diphtheria where the larynx is invaded with its asphyxiating membrane; and a bad case of this kind where one relies for internal drugs entirely upon homœopathy, and where one is successful in pulling the patient safely through, must leave one able to rely upon it with a deeper sense of security, and a fuller assurance that its fundamental doctrine must be true and sound. Such a case I will now endeavour to portray to you, so far as mere words can do so, as it occurred in my practice about seven years ago, though I feel that to do it justice would need a much more facile pen than mine, one accustomed to describe both pathos and tragedy so as to present them vividly before our eyes.

Master S—— T——, æt. 14, had scarlet fever, under my care, which began on 18th Nov., 1896, and ran a very normal course, so that he was to have sat up for the first time on Nov. 30th, but on the morning of that day he began to complain of his throat hurting him to swallow, and the temperature was slightly raised, so of course he did not leave his bed. I did not see him that day, but on the next morning, Dec. 1st, I found him getting worse, with a patch on the right tonsil suspiciously like diphtheria, an enlarged gland in the neck outside it, and a rising temperature. His urine contained phosphates, but gave

no sign of albumin. I gave him *lach.* 4 and *merc. bin.* 2x in alternation ; hot compresses, and a spray of *sulphurous acid*, 1 in 20, to be used every two hours. I may say that throughout his fever and the subsequent throat attack he was attended by two excellent trained nurses, who were most devoted in their attention to him, and carried out all my instructions with the utmost punctuality and exactness. The next morning, Dec. 2nd, he seemed, if anything, a trifle better, though the temperature was higher—102°—and the only change I made in the treatment was to exchange the sulphurous acid spray for blowing into the throat pure precipitated sulphur. That evening the membrane had covered the whole of the right tonsil, he had the voice of nasal obstruction, and more difficulty in swallowing. On the 3rd the membrane was threatening to spread over the adjacent mucous membrane, and to-day I exchanged the *merc. bin.* for *merc. cyan.*, 6c, while continuing the *lach.* In the evening I was able to pick off the membrane with forceps, so that the local application could go on to the raw surface of the tonsil thus exposed. On the 4th he seemed much better—T. normal and P. 88—in the morning, though the membrane threatened to re-form on the tonsil. His urine was still quite free from albumin. But in the evening the whole of the soft palate was very œdematous, and the external glands were larger and more painful. I now gave him two doses of *apis* 2x and then continued the former medicines. He was again very feverish and had a bad, restless night with delirium, and the next day, Dec. 5th, his neck was very swollen on the left side, and his T. 102°, though the tonsils still had very little membrane on them. I now stopped the previous medicines and gave him *crotalus* 4x every hour. This afternoon he vomited some very foul pus, and it was evident an abscess had burst just behind the left tonsil, which for the time relieved his throat. But the night brought a return of high fever and delirium, and the next morning, Dec. 6th, his throat and neck were as swollen and painful as before, and I now gave him some *hepar s.* 3x in alternation with *crotalus*. During the forenoon he again vomited up some very offensive pus, in the process of which he was nearly choked. His temperature in the afternoon was 104° and his pulse 100 and very feeble, so we added brandy, 3ij, every three hours to his diet. All this time, of course, the feeding

had been carried on under great difficulty, in consequence of his limited capacity to swallow, but the nurses were most assiduous in giving him Brand's jelly, bovine in milk, Valentine's meat juice, and any form of concentrated liquid food in teaspoonfuls as often as he could be induced to take them, and the patient was extremely good and plucky in taking them in spite of the pain and frequent splutterings, chokings, and even vomiting the endeavour produced, and it was very largely due to the comparatively large amount of nourishment and stimulant he managed somehow to get down, that he was able to bear up against this very severe illness, of which we have so far traced only the development, but which lasted for another three weeks before our fight with death ended in the final defeat of the grim invader. On this day, too, appeared for the first time a colliquative diarrhœa, the stools being most offensive. Dec. 7th: To-day he had two vomitings of offensive pus, the second containing blood clots; the diarrhœa continued, and for the first time albumin was found in his water, forming one-eighth of a column, while several erythematous patches appeared on the skin. To-day I gave him *arsen. alb.* 3x with the *crotalus*, and the T. being over 105° at night, he had cool sponging all over. On Dec. 8th the diarrhœa still continued, and he had several attacks of bringing up pus mixed with sloughs, and once during a fit of coughing he discharged quite a lot of pus and blood from the nose, and was as nearly as possible suffocated before he could get it up. He was extremely weak, pale, and delirious, but the T. did not rise above 104·2. He had two more attacks of bloody vomit during the night, and for the first time began to sweat freely during sleep; he still continued delirious, and the diarrhœa went on, of course largely passed unconsciously, and it was not easy to collect his urine for examination, but what was obtainable only showed one-twentieth of albumin. The erythema was now widely distributed all over his body in large patches. To-day, Dec. 9th, he had *ac. phos.* 1x and *lach.* 4c; his stools were melanic, evidently from blood he had swallowed. The T. to-day did not exceed 104°. On the 10th he remained much the same, with the addition of two attacks of epistaxis; albumin, only a thick cloud. On the 11th his neck was again very swollen and painful on the left side, and during the day another abscess burst into the

throat, though, fortunately, without causing any choking or vomiting. Diarrhœa, high fever, delirium, etc., continued without any abatement, but all the time it was still possible to get him to take quite a large amount of nourishment, and stimulants whenever his heart showed signs of flagging—a by no means infrequent occurrence. This was about the climax of his attack; no more abscesses formed, the diarrhœa gradually abated, the fever subsided, and the delirium ceased: not without interruptions, for he had more than one rigor, followed by high temperature and heavy sweat for a few hours, and more than once the tonsils, or glands, or peri-tonsillar tissues threatened to suppurate, but subsided without further developments. On the 14th the urine contained no more albumin, and it was not found again. He went on steadily taking the *ac. phos.* and *lach.* till the 17th, when I gave him *ferr. pyrophos.* lx , mv every three hours, and hoped his convalescence was assured, but once more the attack was renewed, beginning with violent vomiting on the 20th, after which fever gradually set in and was accompanied by a sluggish form of quinsy in the right tonsil, which did not subside till the 27th. There was no sudden discharge of an abscess, but pus continued slowly to discharge through the follicles and round the sides of the tonsil for two days. During most of this time his medicines were *hepar s.* and *lachesis*. After this he had no further septic troubles, though naturally he was left in an extremely emaciated and anæmic state, from which he took a long time to recover; but in the end he did so fully, and is now an energetic medical student at Bart's Hospital, and I hope one day he may be a House Surgeon to this Hospital. I have omitted to state that when, on 3rd Dec., I removed the membrane forcibly from his tonsil, I had it submitted to a bacteriological examination, with negative results, but, considering that it had been for three days undergoing vigorous local antiseptic treatment, this cannot be taken as being at all conclusive; also, when the attack was entirely over, before allowing him to mix with the rest of the family, I took a swab from the tonsils, which was then found to contain no bacilli either.

From, however, its intimate connection with his attack of scarlet fever, and from the examination to which the drains of the house were submitted without any sanitary

defect being discovered, I cannot myself have any doubt as to its specific diphtheritic character, for unquestionably in practice, whatever the bacteriologists may say, we do not infrequently meet with cases of scarlet fever and diphtheria together as the results of exposure to one common source of infection; sometimes, as here, one patient developing both diseases, and at other times some members of a family or school developing the one disease and others the other, where they have all been exposed to the same infection.

The next class of case I would draw your attention to is tonsillitis pure and simple, without any ulceration being present, what we commonly call quinsy. Here we have to do, together with a general, though not always severe, angina, an inflammation of the parenchyma of the tonsil with a tendency to form abscesses either in the substance of the tonsil itself, or in the cellular tissue immediately surrounding it.

The general state of fever, dysphagia, etc., which accompanies this is indistinguishable from that which goes along with ulcerative tonsillitis, and calls for the same medicines, i.e., *aconite* or *belladonna* as a rule, while for the specific treatment of the tonsillitis there is one medicine especially which, if given in time, can generally be relied upon to prevent its going on to abscess formation, and to bring the attack to a favourable conclusion in from three to five days; I mean *baryta carb.*, which for my own part I usually give in the 6x trituration. Some cases, of course, do not yield so readily to this treatment, and then, when an abscess is forming, we should give *hepar s.* to accelerate its ripening, and where there is evidence of its being near the surface I am always inclined to help to cut short the attack by lancing it, which often gives immediate and permanent relief, though in those cases where the abscess is multiple this may have to be repeated more than once; but I think it cruel, and by no means required by our acceptance of homœopathy as our therapeutic guide, to allow our patients to suffer the prolonged pain and sense of impending suffocation which is present while waiting for it to burst naturally, when so simple a surgical measure can so materially shorten it; and I have yet to see a case in which any harm, present or remote, has followed its performance.

There are two peculiarities of tonsillitis which we must

always be prepared for. The first is its great tendency to attack both tonsils one after the other. Rarely indeed do we find both tonsils simultaneously affected, but it is quite common that when the first tonsil—whether it has ended in an abscess or not—has got well, the other begins, and we have the same thing exactly repeated on the other side. I have more than once seen a tonsillitis go down rapidly, without any pus formation, under baryta, followed by a relapse in the other tonsil which subsided equally quickly. But I cannot say that I find our cases any less liable to this cross transference than cases not treated homœopathically.

The other peculiarity is its great frequency among patients subject to rheumatism, and its special liability to be followed by rheumatic troubles, even rheumatic fever. Why this is so, I don't know, but it is well to remember this tendency and guard against it so far as is possible.

We will now consider the inflammations of the larynx, the first and commonest of which, especially among children, is acute laryngitis, or croup, which is not to be confounded with the true laryngismus stridulus, a purely spasmodic nervous affection which may occur either with or without an associated laryngeal catarrh, and which is almost entirely confined to rickety children under two years of age. Acute croup, however, may occur at almost any age, and in young children is sufficiently alarming, with its associated dyspnœa and apparently impending suffocation, to constitute one of the chief terrors of the nursery. There has probably been a chill and a slight cold for a few hours or days, when one night the child wakes up in the early, coldest hours before daybreak with the typical hard cough and crowing respiration of croup. Here, if we can see the child at once, or if the mother or nurse know beforehand what to do, a few rapid doses of *aconite* and *spongia*, assisted, of course, as soon as it can be obtained, by the local application of moist heat to the throat, and the inhalation of steam, will very quickly bring relief—quite as quickly and much more pleasantly than by the usual teaspoonful of *vinum ipecac.*—while their continuance at longer intervals during the next day or two will restore the larynx to its normal state, and it is extremely rare to see a case so treated have any repetition of the acute dyspnœa after the first night. When the cough becomes

softer and sounds moist the *spongia* may with advantage be changed for *hepar s.*, which will complete the cure and prevent the extension of the catarrh down the trachea.

Laryngitis in the adult is by no means rare, and some people are extremely liable to its recurrence whenever they take cold. The *aconite* and *spongia* will act quite as well with them as with children during the first stage, but I usually here advise adding a few drops of *tinct. iodii* to the steam inhaler, and with them it is most important to order complete rest of the voice—even whispering is to be discouraged as far as possible.

After the first stage is passed, and a troublesome, harsh, laryngeal cough remains, with a hoarse voice, I find *causticum* 3x one of the best remedies, and I usually continue the *iod.* inhaling so long as the patient has to be kept in the house, which rarely under this treatment exceeds five or six days, and I have often seen the case clear up entirely in three or four. When in these cases, as sometimes happens, an œdema of the epiglottis takes place, this yields very rapidly and satisfactorily to *apis mel.*

Membranous laryngitis, apart from diphtheria, is an extremely rare occurrence. Personally, I have never met with a case, but should I do so I should rely for medicines upon *merc. cyan.*, *bromine*, *iodine*, and *kali bichrom.*, together with steam inhaling to which either bromine or iodine is added. And of course in these cases, quite as much as in diphtheria, one must be prepared to resort to tracheotomy to relieve obstructive dyspnoea.

There only remains to be considered the true diphtheritic membranous laryngitis, which is in nearly every case an extension into the larynx of membranous inflammation on the tonsils and fauces. As I said at an earlier part of this lecture, when choosing a medicine as being homœopathically specific to a disease, we look much more at results than causes; when, therefore, we have to treat a case of laryngeal diphtheria, the drugs we rely upon are largely the same as those I have just referred to as being indicated for membranous croup, viz., *merc. cyan.*, *bromine*, *iodine*, and *kali bich.*, all of which we know to be capable of producing inflammation, with ulcers and a tendency to form membrane on the fauces and larynx, but to these we have to add those other drugs I have referred to in the case of S. T., whose diphtheria did not extend into the larynx, but in whom the general toxæmic

and septicæmic condition was so well marked. In treating a case of diphtheritic laryngitis, then, we may have to give (according to the symptoms prominent in each individual case) besides those membrane-producing drugs, *lachesis*, *crotalus*, *arsen.*, the *iodides of mercury*, *phytolacca*, etc. The use of steam, compresses, and the local application of antiseptics, especially, I should say, of nascent sulphur, is the same with those who use homœopathic drugs as with those who do not. We, like them, are prepared to perform tracheotomy when it is required, and it now only remains to consider our attitude towards the use of anti-diphtheritic serum.

Well, in the first place I should say that we as physicians entrusted with the responsibility to save life and cure our patients if possible, dare not refuse to give them the advantage of a method of treatment which has been so definitely proved to be of such great value, whatever may be the explanation of its mode of action. But, further than this, it has always seemed to me, as I have more than once stated elsewhere, that the use of an antitoxin is, rightly considered, acting exactly along the same lines as in giving our homœopathically-acting drugs, for our drugs, having specific affinities to the parts affected by the disease, and being capable of affecting these parts in very much the same way, stimulate the vital centres to a still stronger effort of reaction against the disease, a large part of which reaction takes the form of producing an antitoxin in the body of the patient, and to add some more of this same antitoxic substance, though formed in the blood of another animal, cannot be contrary in principle to the use of a drug which is helping the patient to produce it in himself.

That is how the case appears to me, but whether this explanation is right or wrong, so long as its use enables us to cure the disease in a larger number of cases, I hold it to be our duty to give it. This conclusion has been arrived at, and the serum has been freely used in this Hospital, and the results have fully justified the medical staff in so doing. The statistics of the cures of diphtheria in this Hospital have always shown better results than in other hospitals where homœopathy was not used. Before the serum was used here the death-rate from diphtheria in this Hospital was 25 per cent, while the general death-rate ranged from 30 to 60 per cent in different institutions ;

while during the five years after we began to use the serum injections, which was, of course, in addition to the use of homœopathic drugs, the death-rate has fallen to an average of 8.75, while in one year out of twenty cases there were no deaths at all. While the lowest death-rate of the Metropolitan Asylums Board for the same year was 11.3, thus showing a distinct advantage on the side of our Hospital in this, the most fatal perhaps of all acute diseases in this country, certainly the most fatal of all acute inflammations of the throat.

TOPICAL, MENTAL, AND SOCIAL ASPECTS OF BRAIN FUNCTION, ILLUSTRATED BY CASES OF DISEASE.

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(Continued from page 227.)

CASE II. Cerebral Traumatism. Probable Laceration in the Frontal lobes. Derangement of Intellectual functions. Some improvement under fresh effort.

W. H. B., male, age 38, married, formerly manager of a bank, was sent to me by Mr. Dudley Wright in January, 1901. The history was that he had fallen down an area accidentally three years ago and was unconscious for a time, and afterwards in a dreamy state for a further period. Six weeks afterwards he had an attack of what his wife described as "wildness," which lasted on and off for three months. This was further described as loss of memory for the ordinary associations of daily life, unusual excitability and irritability. There had been no delusions or abnormal action indicating mania. After that, recovery was partial but memory for recent events had quite failed. The patient could not apply himself to business, he became irregular in his habits, could not be trusted with money, and exhibited a morbid craving for alcohol. Patient was said to be quite well before the fall. No history of syphilis was given.

On examination I found the patient could converse readily on the subject of his health. He did not see the necessity of medical advice, although he admitted he could not keep at business, owing to headache and confusion

when he attempted the ordinary intellectual operation of keeping accounts. He became confused directly a simple operation of arithmetic was placed before him. Speech was not affected, but answers to questions were somewhat delayed. His memory was distinctly defective on all points requiring the objective operation of thought excepting in speech. The headache complained of was at the left side at the junction of the frontal and parietal regions, and there was distinct sensitiveness at the part. Sleep was restless, with jerking of the limbs in the night. He was restless in the day in proportion to sleeplessness at night. All special senses were normal. There was no optic neuritis. The retinal veins were rather full. The grasp of both hands was feeble; the dynamometer showing R. 75, L. 65, compared with the average R. 120, L. 100. Patient complained of cramp in the right hand occasionally. The knee-jerks and sphincters were normal. Gait and walking also normal.

Diagnosis.—I have described this case as cerebral traumatism, although the symptoms were strongly suggestive of the prodromal stage of general paralysis of the insane. As against the latter disease, however, there were no tremors, alterations of speech, delusions of grandeur, or abnormal volitional action saving the surrender to the craving for alcohol, the moral nature of which the patient appreciated in conversation although apparently unable to control it. From the history of the case there appeared no doubt that mental failure dated from concussion of the brain, and that there were no symptoms of hæmorrhage, although fracture of the skull may have taken place. The state of the bone, the pain from which the patient suffered, and his mental symptoms, pointed to injury to the frontal lobes more especially.

Treatment and Progress.—The question of surgical interference was considered and held to be inadmissible, the evidence of localized pressure being too slight, and the localizing symptoms too indefinite to warrant such procedure. Moreover the mental condition of the patient was unfavourable for such a course. The man was under observation for about six months, and was seen at intervals of three or four weeks. By explaining his condition to him as far as possible, I endeavoured to guide his daily habits and to encourage him to fresh effort in self-control, and reacquisition of his damaged powers of association.

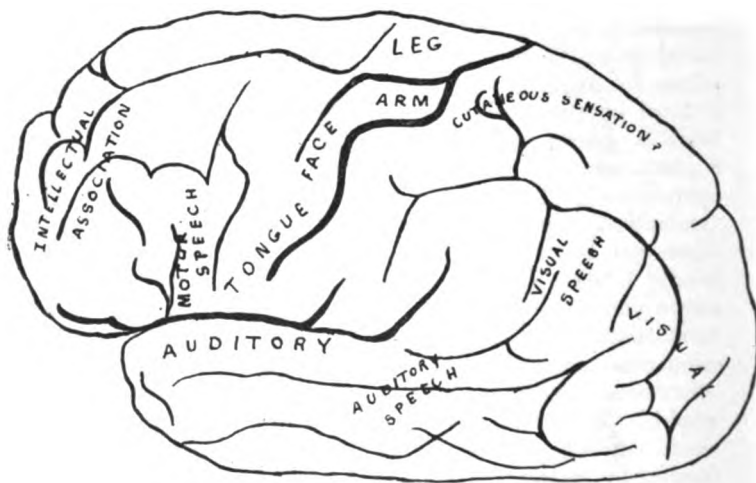
These efforts were attended with some measure of success. He began to take a more normal perspective of his condition, and regulated his conduct accordingly. But the power of calculation seemed to be lost. The perception of abstract number, and a normal grouping and ratiocination, appeared impossible. He was to leave London in August of the year I saw him, and no report has been furnished since.

Remarks.—This case is recorded for purposes of comparison with the previous one (p. 221). In some of its psychological aspects, along with other cases in which consciousness, memory, personal identity, and certain moral qualities were affected, it offers several interesting points for suggestion on the subject of correlation. First a word on prognosis. It is probable that this patient's brain was irreparably damaged by concussion. The fine adjustments of association concerned in intellectual operations imply a degree of integrity in the intellectual association neurone systems which would be permanently destroyed by a gross lesion of any kind involving the frontal lobes. The concussion in this instance was probably a genuine injury to those lobes, by comparison with a mere disturbance of equilibrium involving loss of consciousness, which may be conceived to occur in simple concussion. That is, in this case, in a fine form there would be laceration, whereas in ordinary simple concussion no disruption of neurone system takes place. And in proportion to the extent of such a severe injury, so would the prospect of a re-establishment of particular association areas and paths be a remote one. The frontal lobes have been referred to as the seat of injury. The grounds for this inference are the symptoms which were observed, compared with the results of recent research in the topography of the brain correlated with mental physiology. In the majority of cases in which tumour has been found in the frontal lobes, mental dullness or excitability, loss of memory and perverted intellectual association, have been the leading mental symptoms. In a recent article on the functions of the frontal lobes, Dr. J. S. Bolton¹ has shown that in chronic general paralysis and senile dementia severe prefrontal wasting exists. In a comparatively recent case of general paralysis of the insane who died from

¹ *Brain*. Summer No. 1903.

lobar pneumonia, and in whom during life all the higher intellectual functions were destroyed and only a low organic consciousness and action seemed to remain, Dr. Bolton found that both frontal lobes were diminished in size, and by micrometric investigation the pyramidal cells of the cortex were shown to be in an atrophic condition.

In the accompanying diagram of the left lateral surface of the cerebral hemisphere, I have shown in relation to the different lobes and their convolutions functional areas indicated by lettering.* Recent research points to the



conclusion that separate areas are sub-divided into presentation areas with projection paths as the axones of their neurone systems, and association areas with association paths as the axones of their neurone systems, and that each area has both a presentation and association system of neurone connection. The prefrontal region, which includes the first and second convolutions (*Diagram*, April, p. 225, F₁, F₂), has been described as the great anterior centre of association, and is the region primarily affected in mental disease. The point of great interest in connection with these lobes is that as association areas they are not

* In forming a conception of a functional area the divisions are not to be considered absolute but relative, and subject to modification of their limitations by later research. In this connection see the article by C. S. Sherrington on *Muscle and Nerve* in the *Encyclopædia Britannica*, 10th edition, Vol. xxxi., p. 188.

presentation areas. Presentation in intellectual operations is probably conducted in the auditory, visual, and sensori-motor speech presentation and association areas, and the sensori-motor areas for the ocular, facial, tongue and throat regions, also for the right hand (in right-handed persons). In order to render subsequent remarks clear, some note should be taken here of the difference between presentation and association. The difference is a very radical one as a fact of experience, and it may be presumed to be very radical as a differentiation of function in cortical neurone systems. An illustration of the difference as a fact of experience may be offered in the sound of a word by comparison with its meaning, the auditory sensation of sound plus the perception of the sound as a word, being an illustration of intellectual or ideational presentation, a perception of the meaning being an illustration of association. From the point of view of cortical function, and the psychological meaning of sensation by comparison with the physiological, an auditory sensation contains more in it as function than a mere hearing of the sound of the word. By comparison with mere sensation, as a content of experience presentation implies a negative as well as a positive aspect. A particular word is heard by comparison with no word or other words and other presentations and associations. And thus in connection with all presentations as mental operations, there goes on association and dissociation of particular presentations in intimate concurrence with presentations. This form of association finds its functional area localized in immediate proximity with the sensory presentation area (*see diagram*) of visual, auditory and general sense presentation areas with association (visual speech presentation and association, auditory speech presentation and association.) In speaking of presentation by comparison with sensation, we have to think of presentation to consciousness as a whole. Although not experienced so to occur, sensation may be conceived to occur without presentation. Presentation cannot be conceived to occur without relationship to consciousness as a whole, which is an implication of other sensation and presentation. On the other hand association is not to be understood to include merely the occurrence or grouping as the result of volition, of like or unlike presentations. For example, any number of verbal sounds associated or grouped as like or unlike, does not give those sounds connection

or meaning or language. There is another operation as function involved in association strictly so-called. From the presentational side this function may be termed the fusion of presentations or inhibition of them, but from the intellectual side it must be termed the unifying operation of association. The unifying operation between sensation as presentation, and consciousness as a whole understood as above suggested, is to be regarded as the central function of association, such for example, as the perception of difference and connection between 'me and not me,' 'inner and outer,' etc. In discussing correlation where the unifying operation is the predominant one, as in intellectual associations by comparison with grouping or separation of presentations, we must believe that some part of the association areas of the cortex, especially in the frontal lobes, have this unifying operation as their sole function, and that it is this function which is damaged when intellectual association is deranged, as in the case upon which these remarks are based. At the same time that intellectual association was damaged in this case, the functions of auditory, visual, speech, sensation, presentation, and association areas and the motor functions remained intact.

Once again, on the basis of derangement in this case there is illustrated another aspect of the unifying operation of association by comparison with memory, consciousness, personal identity, or volition.³

The essential result of the function of unification is mental productiveness. Presentations are fused or inhibited, new presentations are forthcoming as ideas expressed in language or as volitional acts. Between these two functions, it must be believed some part of both aspects, presentation and unifying association, of this whole mental operation must take place as function of the same area of neurone systems, and these systems are the systems of the intellectual association areas. They are the mentally productive systems.

Thus all mental operation may be said to present some degree of originality, inasmuch as every person leads a separate individual life, has sensation and presentation

³ By comparison with association as a grouping of like or contiguous presentations, the unifying function was originally termed by Sir W. Hamilton redintegration, a very cumbersome term not carrying with it much suggesting of its meaning.

to consciousness, and possesses the power of association, unification, and voluntary presentation as the issue of mental production. In the case under consideration, this latter power was deranged, especially in reference to the operations of arithmetical calculations, and the derangement of function in the light of recent research can be referred to the frontal lobes as its seat in the brain.

It must not be forgotten, however, that mental productiveness, whether of the common every-day sort of practical utility, or productiveness in the community of knowledge, is wholly new only in respect of time, as mental event in the course of time. This conclusion is a truism as far as ordinary minds are concerned, but with whatever degree of originality the work of an individual mind may be characterized, the addition to knowledge possible to be contributed cannot be wholly original, else it could not be perceived as connected with what was already known, and all mental function is like that which has preceded it. Accordingly, as mental productiveness, the function of production is better termed reproduction, leaving the term production to apply to individual production, or to knowledge contributed by an individual mind. The results as mental products are in all cases like in kind, although varying in degree and complexity of experience and presentation. Individual productiveness, and variation in degree of simplicity or complexity of presentation, can thus be accepted as distinctive marks of originality.

If the before mentioned features of pre-frontal cerebral function be borne in mind, and attention turned again to the above case, this unifying or reproductive function of association may be brought into relation with memory and personal identity, also feeling tone as phases of consciousness. What is often described as memory is really an illustration of the function of association. True memory implies association as a present operation towards, or in the relation of time past, and although in all ordinary mental operations memory and association operate together, memory presents a special added function of reproduction to that of association or intellection as a reproductive process. Indeed memory is to be regarded as a higher mental function than that of association. In the light of a comprehensive view of experience as a whole of personal life, the function of memory, combined with a gift of original mental productiveness, expresses the most

original mind. The true nature of memory may be illustrated by the remembered *thought* or *idea* of memory as an exercise of the function. For example, at any time or the present moment this thought or idea implies its presentation as a verbal and logical proposition. I remember to make this statement. As memory this proposition is unified with all previous propositions or knowledge concerning memory. The present proposition is thought of in relation to all that have preceded in time past. Thus, as an exercise of the function this present thought is an entirely new product of mental reproduction given in the relation of time to that which has preceded. But the essence of memory in relation to the new product is that the new product is associated, unified, and reproduced as new compared with the past. It is known as an event in the time relation. As occupying the highest point of mental function, complete memory with other functions intact, can be described as the fullest efficiency of mental action. No mental event is complete without memory.⁴ The exercise of memory completely and perfectly is a test-standard of the health of neurone systems, and of their integrity in axone and dendrite connections. The loss of memory in cases of injury to the brain cortex is a witness to the truth of this view; also derangement of memory due to exhaustion from brain effort, and in senility where brain work is finished. In the case above cited, memory was severely damaged, so much so that the patient could not believe that his brain was not quite as efficient as ever until he began to try a simple calculation, and mental events refused to connect themselves in time or other association.

The immediate reference to memory in the above case is interesting as leading on to some aspects of consciousness and feeling tone as personal experience, and to suggestions on correlation in relation to the latter. Two facts have to be borne in mind. First, that a knowledge of memory as experience for its complete understanding requires light from knowledge other than that given in space relations as such, like those of the neurone systems

⁴In his analysis of the experience of perception, as the simplest mental operation, (and as may be also remarked the most universal), Mr. S. H. Hodgson has clearly shown the necessity for, and operation of memory in all complete mental action see his *Metaphysic of Experience*. Vol. i., p. 54. § 3.

for instance. Second, no mental event being complete without memory, implies that memory is an intimate part or aspect of consciousness as a whole, included as brain function, but not wholly expressed by the latter. The symptoms of the case indicate also that consciousness as knowledge in the higher or metaphysical sense is an integral part of memory; indeed, as suggested later, objectively, memory may be regarded as consciousness. Notwithstanding that the patient could not exercise his normal function of calculation, he thought he could do so as well as ever. When he tried, reproduction as association, unificative representation, and memory failed, and a consciousness or knowledge was thereby exhibited as impaired, although not lost. Moreover, part of consciousness as memory, namely, that of personal identity accompanied by the feeling-tone of desire and anticipation, remained intact.

These features point to the inference that as an organized experience, personal experience as consciousness as a whole may occupy a different seat in the brain from the function of unification, and its connections of presentation, association, and representation. Apart from the actual judgment of self-consciousness or of the idea, *e.g.*, that "I am myself," which taken in isolation is an illustration of representation rather than unification, and is a result of the latter, consciousness of personal experience, judging from the above case, would seem to be an accompaniment of volition rather than of the former-named functions. Consciousness as a whole, therefore, would be referred for its seat to the bilateral and crossed function of the motor areas of the cerebral cortex. Personal identity as such (with emphasis on identity) is an idea and therefore a unification of a motor or volitional presentation speech function, but personal identity through consciousness or knowledge as a whole, emphasis being thus on the personal, is another kind of realization of the whole, and would seem to consist of motor or volitional action as a whole. Such consciousness as a whole is of necessity implicated in all functions implying the finer co-ordinations in mental or social life, yet within which the lower or organic functions as functions of the individual, the grosser motor functions, are not excluded or out of connection. But how is volitional action of a comprehensive character to be described as

related to consciousness as a whole as personal consciousness, and what is the kind of realization experienced within it? It is necessary to be explicit on these points before proceeding further. Yet it is very difficult to be explicit on account of the comprehensiveness of the subject. Illustrations of ordinary voluntary action through or in accordance with ideals, and consciously because of them, do not serve as illustrations of personal consciousness as a whole. The latter are but part of volitional action in relation to a consciousness as a whole. Some illustration is needed of volitional action as of the whole personality, some state in which the whole of human will is involved. Such a state is not easy to conceive or to furnish. But for the sake of pointing to its comprehensiveness, an illustration may be conceived to contain the following features. An exercise of the human will as a whole will involve a co-ordination, and putting forth the whole of effort in one act. To be possible, such an act must be performed under the domination and in the presence of an ideal possessing the highest religious or moral sanction the individual is capable of. The consequences of the act must be perceived or anticipated through association and memory as being momentous for the individual in relation to character, position in society, self-preservation, or the preservation of others. Single human acts involving all these features are in appearance rare. The fact of marriage, which apparently should include them all, is an instance in point, or of voluntary sacrifice for country, or some great work of thought or construction, or otherwise high and noble object. A relative antagonism or contrast usually exists between high and noble ideals as demanding effort, and the grosser forms of voluntary movement, but this is not really so. When the whole personality is concerned on what may be termed *great* occasions, grosser or lower movements have to be exercised in one conscious experience of a single will, as well as finer ones. Complete personality, however, involves this apparent antagonism relatively on all occasions, and their exceptional union of action as involved in personality proves the rule of their invariable union as both belonging to will as a comprehensive function in human experience.

(To be continued.)

ARSENIC IN FOOD.

By R. E. DUDGEON, M.D.

THAT we must eat a peck of dirt in the course of our life, is a common belief, but it is not generally supposed that the dirt does us any harm. When, however, we are told that no inconsiderable portion of this dirt is poison, and when we experience in our persons the disagreeable effects of this poison, we are inclined to attach more importance to the popular belief, and to endeavour to protect ourselves from the danger to our health and life that we incur from the consumption of this toxic dirt.

Among the poisons that find their entrance into our food and drink, the most common and the most dangerous is arsenic. This poison is not only very widely distributed, but is much used in the manufacture of articles which are frequently employed as food. It has several qualities that render it difficult or impossible to be detected by the unaided senses. It is colourless, inodorous, and tasteless, and these qualities have served to render it easy of administration for criminal purposes. The celebrated *aqua tofana*, so much employed in Italy in mediæval times for the purpose of making away with inconvenient persons without much fear of detection, was a solution of arsenious acid, and this has been the poison most extensively used by poisoners of all ages and countries, and very often without a suspicion of its employment, though the perfection of modern chemical analysis has led to its frequent detection in later times.

But though we may have no fear of being purposely poisoned by arsenic by our enemies—if we have any—we may be unintentionally poisoned by our friends, the tradesmen who supply us with nourishment and who decorate our houses. In most, if not in all these cases, the tradesman is either unconscious of his goods containing arsenic, or, in the case of paints and papers, and wearing fabrics, he imagines that the arsenic contained in them can do no harm. Even his express denial that his goods contain arsenic is not always reliable, as I have experienced. An old lady whom I was attending professionally presented some symptoms which I imagined must be owing to arsenical poisoning. I noticed that the paper of her bedroom, which had not been long put up, was of a beautiful green colour. As the lady was completely

confined to her room, I suspected that the colour of the paper might be arsenical, and the cause of the mysterious symptoms. I mentioned my suspicions to the husband, but was informed that this could not be the case, as not only had the tradesman assured him that the colour was not arsenical, but there was printed on the back of each piece of the paper, "Warranted free from arsenic." However, I was not convinced, so I carried off a bit of the paper, analysed it by Reinsch's test, and found, as I expected, that the beautiful colour was due to arsenic—arseniate of copper, in fact, two virulent poisons in baleful union. The tradesman, one of the most celebrated in London, denied most energetically that the colour was arsenical, and pointed to the warranty printed on the paper. He doubted the ability of an ordinary doctor to make a chemical analysis, and said that if an expert analytical chemist, whom he named, reported that there was an atom of arsenic in the paper, he would re-paper all the bedrooms he had covered with this paper without charge. The report of the chemical expert was that the colour was arsenical, and the discomfited tradesman, with proper apologies to the "ordinary doctor," quickly fulfilled his part of the bargain. I mention this to show that even a warranty is not always a safeguard against the presence of arsenic in the goods supplied to us by the most respectable tradesmen.

The occurrence of a great amount of disease of almost epidemic character, chiefly in some parts of Lancashire, led to investigations by medical experts, which resulted in their tracing the cause of the illness to the consumption of the beer of a certain brewery, which contained a notable quantity of arsenic. Further research showed that this arsenic was derived from glucose employed in the manufacture of the beer in place of malt, and that this glucose was contaminated with arsenic in consequence of the sulphuric acid used in its manufacture being carelessly prepared from impure sulphur largely impregnated with arsenic. Thus arsenical sulphur made arsenical glucose, which in its turn made arsenical beer, whereby many beer-drinkers were poisoned. It must be rather a shock to the lovers of beer to learn that their beloved liquor, in place of being made from innocent malt and hops, as they supposed, is often made of "invert sugar," or glucose, which may be largely contaminated with the deadly poison—arsenic.

The serious character and extensive area of this disease led the Government to appoint a Royal Commission to enquire into and report on the subject of arsenical poisoning from the consumption of beer and other articles of food and drink.

The symptoms of arsenical poisoning observed were, in the words of the report, chiefly "inflammation of various mucous surfaces—leading to coryza, huskiness, laceration, and the like" (what are "the like"?), "gastro-intestinal disturbance and diarrhoea, peripheral neuritis affecting sensory and motor nerves, and in some cases associated with herpes or with well-marked erythromelalgia, keratosis, or recent pigmentation corresponding to that which not infrequently occurs in persons taking arsenic for long periods."

The total number of cases of arsenical poisoning were estimated at 3,245, of which 2,000 occurred in Manchester alone. Of these, seventy fatal cases are recorded. These figures, of course, do not include all the cases of illness and death from arsenical poisoning through beer that actually took place, but only the cases which were recognized and reported as such. But as the imbibition of arsenical beer had been going on for years before the Commission commenced its investigations, there must have been an indefinite number of beer-drinkers poisoned by arsenic without the cause of their disease being recognized, as no suspicion of the contamination of beer had been entertained. One form of the arsenical malady, peripheral neuritis, had been frequently reported, and as it was always met with in consumers of alcoholic liquors, probably chiefly or solely beer, it was termed "alcoholic neuritis." But that it was really arsenical neuritis, derived from the consumption of contaminated beer, is pretty evident from the fact that when the issue of the arsenical beer was stopped, and only beer free from the poison was supplied, the cases of so-called alcoholic neuritis entirely disappeared. The same thing happened with regard to other symptoms, such as a morbid condition of the heart, which as it was only observed among beer-drinkers, was termed "alcoholic heart." It was specially noticed in the epidemic of 1900, but practically ceased altogether after the brewers took precautions to exclude arsenic from their beer.

It is not alone by "invert sugar," or "glucose," that

beer becomes contaminated. Malt, when dried over gas coke, which it generally is, is apt to contain arsenic, to as much as $\frac{1}{30}$ of a grain to the lb. Hops similarly dried, or fumigated with impure sulphur, are occasionally contaminated with arsenic, but the quantities of arsenic that have been found in hops subjected to chemical examination "have in all cases been minute." But every little helps in arsenical poisoning. The scare that has occurred will probably make brewers more careful for a time that their beer is not contaminated by arsenic; but when the fear is passed and the public has forgotten, it is not improbable that the brewers may again become careless, and arsenic may again appear in their liquor. Indeed, the Commission, quite unnecessarily, I think, allows them to contaminate their beer with anything under $\frac{1}{100}$ of a grain of arsenic in the gallon. It would have been better to have excluded it altogether, for many beer-drinkers drink many gallons of beer in a few weeks, and, as the Commissioners tell us in their report, there is no doubt arsenic is a cumulative poison and remains in the system sometimes for many weeks, and is found in the urine, sweat, scarf-skin, nails, and hair. Some people are so very sensitive to the action of this poison that they may be injuriously affected by the small quantity allowed by the Royal Commission. These idiosyncrats should avoid beer altogether, but if they will drink it they may console themselves with Edgar's reflection:—

"The gods are just, and of our pleasant vices
Make instruments to scourge us"

if they find that reflection consolatory.

But it is not only through beer that we run the risk of being poisoned by arsenic. The Commissioners show us that arsenic may gain admission to a number of food-substances in which glucose is an ingredient, such as table syrup, amber syrup, jams, marmalade, honey, artificial honey, and certain kinds of sweets. Not that they have actually found any considerable amount of arsenic in these substances, but, supposing the makers of these things employed the glucose manufactured by Bostocks, they would have incurred the danger of poisoning their customers. A chocolate powder "largely sold in London at a cheap price" was found to contain $\frac{1}{20}$ of a grain of arsenic per pound, through having been adulterated with an arsenical oxide of iron, and certain sweets, similarly

coloured, contained $\frac{1}{30}$ of a grain of arsenic. Sweets containing this amount of arsenic could not have been consumed without risk of poisoning. Demerara sugar, so much used by certain housewives, has been found to contain as much as $\frac{1}{50}$ of a grain of arsenic per pound.

Other substances used as food, or in the preparation of food, have sometimes been found to be contaminated with arsenic, but in inconsiderable quantities, such as glycerine, bole Armenia, yeast, liquorice, chicory, "and the like," as the Commissioners might say. But the risk of poisoning from these things is infinitesimal.

It might be thought that, considering the impunity with which arsenic in large quantities is taken by the arsenic-eaters of Styria and other places (an account of which was first given in the eleventh volume of the *British Journal of Homœopathy*), the comparatively small quantities contained in beer and other articles of consumption could do no harm. But though many of the Styrian arsenic-eaters seem to thrive on the poison, numbers of them are known to have succumbed to the indulgence, and it has been found that in many cases, when the arsenic was voluntarily left off or could not be procured, various symptoms of arsenical poisoning, sometimes of a very serious character, occurred. However, there was no possible doubt about the poisonous effects of the arsenic imbibed with the Manchester beer, showing that many are sensitive to the action of doses that would have no deleterious action on others.

In the case of the 1,900 poisonings the cause was discovered by diligent investigation, but not until it had been in existence for an unknown number of years, during which the diseases it occasioned had been mistaken for other maladies. I have stated above that an undoubted arsenical affection, "peripheral neuritis," was completely misunderstood and registered as "alcoholic neuritis," but when the beer ceased to contain arsenic the alcoholic neuritis disappeared. There is every reason to suppose that many of the mysterious ailments we meet with in practice may be owing to the unconscious ingestion of arsenic or some other poison introduced into our food in the course of its manufacture. The great extent to which chemical processes are employed nowadays in the manufacture and preservation of food-stuffs renders it imperative that a thorough inspection and examination of the products

of these processes should be conducted by the proper authorities, for "*salus populi suprema lex esto*" is a governmental maxim which applies to the health as well as to the general welfare of the community.

Everyone knows we may be poisoned by arsenic in other ways than by food and drink. Wall-papers, carpets, and articles of clothing may contain so much of the poison in the colours with which they are stained, that they may inflict disease and even death on those using them. We have all witnessed the pernicious effects of arsenical wall-papers, and I remember seeing a severe case of dermatitis in a gentleman from wearing a pair of socks coloured with a brilliant coal-tar dye. Such dyes are sometimes used to colour sweets, and the Royal Commissioners say that as much or more than $\frac{1}{2}$ a grain of arsenic per pound has been reported to them in sweets so coloured.

Though arsenical poisoning is my theme, I may be permitted to say a few words about other poisons occasionally introduced into our food. About two years ago our Board of Trade, and last year the American Government, appointed Commissions to enquire into the chemical means adopted by various food-caterers for the preservation of the articles they deal in. The chief of these are salicylic and boric acids and formaldehyde. All these chemicals are more or less detrimental to health, and should be absolutely prohibited. But with the exception of formaldehyde they are not. Salicylic acid is "used in a very large number of articles of food and drink, including jams, butter, milk, wines, lime-juice, etc.," and boric acid is even more largely employed. Our Commissioners seem to regard boric acid as perfectly harmless if employed in a certain quantity only. But we know that both these acids have undoubted pathogenic powers, and both are used as medicine. Shakespeare says, "In poison there is physic," and it is equally true that "in physic there is poison," and we should object equally to physic or poison in our food.

REVIEWS.

The Medical Annual. A Year-Book of Treatment and Practitioner's Index, 1904. Bristol: John Wright & Co.

THE Medical Annual has reached its twenty-second year, and fully maintains its reputation as being the most complete and concise summary of all that has been published during the past year in the journals and books in Great Britain, America, and the Continent. In stating this we except, as a matter of course, any notice of homœopathic publications, journals or books. This should not be, but we state the fact, and it follows that for homœopaths the summary of treatment has little interest, except that they pride themselves on knowing both systems of therapeutics, and so feel interested in observing anything new or seemingly valuable in current old-school literature. But this year there is little of interest in the therapeutics, or in fact any perceptible therapeutic progress. It is essentially a year of "marking time." This might, from our previous remarks on the non-recognition of homœopathic literature, be perhaps set down to prejudice on our part, but the same view is expressed by several of the writers in the Medical Annual. Here is the first section in the book, headed "General Review." "In the past year no great therapeutical discovery has been made. The output of new synthetic remedies has been maintained, and has put us in possession of several new hypnotics and analgesics. In almost all these cases, however, the remedies are still on trial, and probably in only a few instances will their claims be made good." In fact, a main feature of the "New Treatment" of this year, as shown in the Medical Annual, is the large extent to which these new synthetical hypnotics and analgesics have been employed. Their use is purely empirical, and largely palliative, and so it results that most of the treatment collected here is palliative instead of curative.

This is not progress, but the reverse. In fact, this opening sentence in the Medical Annual epitomizes the whole of the therapeutics. Again, on p. 59, the first sentence in part ii. "the Dictionary of Treatment" under the head of "General Medicine," is as follows: "No epoch-making discovery can be chronicled for the past year, but none the less the production of sound original work in all departments shows no abatement," a euphemistic way of saying what we have stated. Other similar quotations might be adduced, but these are enough. This is in regard to the result of therapeutics. But there are many articles which are full of general interest. On pp. 5 & 6 there are some interesting experiments and conclusions as to the value of alcohol in medicine. On

p. 14 we are told that "the bromides are administered far too frequently, and with a lamentable want of appreciation. The toxic effects are frequently not recognized . . . There is probably no drug so misused as bromide. . . . Chapin states that during ten years eighteen cases have been admitted to the Pennsylvania Hospital for the Insane, suffering from excessive *hypnotic drug medication*. . . . Spratling is of opinion that bromides are given in larger doses than is required." On p. 47, etc., an excellent summary is given by Dr. Macintyre of the present position of "Radio-activity and electro-therapeutics." On p. 79 we have the following: "There are distinct indications that in this country views on the treatment of tuberculous peritonitis are changing, and the much-vaunted success of laparotomy is being more and more discredited. Important statistical evidence in favour of non-operative treatment has recently been brought forward by Dr. Sutherland, and Dr. L. Guthrie has also thrown doubt upon the advisability of operation in the majority of cases of tuberculous peritonitis." Under the head of Abdominal Surgery, the following is interesting (p. 96): "Lennander's view of McBurney's point is also interesting. He says that he considers it to be the point where the lymph vessels of the appendix go over into the parietal peritoneum in the posterior portion of the abdominal cavity, and that thus pain is produced by a local lymphangitis and lymphadenitis at this point. The subserosa at this point on the posterior abdominal wall, with its innumerable nerves, becomes inflamed." Under "adenoids," the following is interesting: "M. Lapayre states that he has always been able to bring about the disappearance of even voluminous adenoids by the internal use of *Iodine*. He gives tincture of iodine in increasing doses, beginning with six drops twice daily for children from five to nine years of age, and increasing the dose rapidly to sixty drops. This high dose is usually well borne. Occasionally some gastric intolerance is noted, but never any serious accidents. The author, therefore, recommends medical treatment in preference to surgical intervention." On p. 226, on the local treatment of Cancer, there are some points worth noting on the use of arsenic applied locally. At p. 305, a new feature appears in the Medical Annual, a series of twelve most excellent stereograms illustrating the surgical anatomy of the ear, by Dr. J. Kerr Love. This mode of showing anatomical plates is original and admirable. Instead of the usual flat surfaces, we have here the bones standing out stereographically, as in reality. For those who do not possess a stereoscope, the publishers, Messrs. J. Wright & Co., of Bristol, supply an excellent one for two shillings.

The author of the article on gout, Dr. Bertram Abrahams, when speaking of the dietary in this complaint, says, "Duck-worth lays stress upon the treatment of the patient rather than the disease." The rest of the passage is too long to quote, but it is well worth looking at. This, of course, is the true plan, and should be acted upon, as homœopaths do, in all details of treatment, as well as in dieting.

The various articles on Special Surgery are, on the whole, valuable as giving all that has been done during the past year. In fact, for all readers who wish to have a full and clear *resumé* of the past year's work in medicine and surgery in the old school, we heartily commend the Medical Annual. There are a number of coloured illustrations of a high order, while good black and white illustrations of new instruments and appliances facilitate the understanding of the latter from descriptions. The book concludes with the usual list of books of the year, asylums, sanatoria, and private "Homes" for inebriates.

In paper, binding, printing and general "get up," Messrs. John Wright & Co. maintain their usual high standard of publication.

International Homœopathic Medical Directory, 1904. London : Homœopathic Publishing Company.

THIS useful little work has now attained its tenth year, and we are glad to see several new names, although the list of British homœopaths is by no means complete. This, however, as is well known, is not the fault of the editors of the Directory, but of those who still, from ethical motives which we think are mistaken, refuse to give their names. The information given is fairly accurate, and only one name is introduced as living, who has passed to the majority. Accuracy would, however, be more assured if those who give their names, etc., would take the small trouble of returning the post-paid circular regularly, instead of leaving one, or in many cases, two years without doing so. When this carelessness is frequent, inaccuracies are apt to occur from no editorial fault. The wonder is that, under these circumstances, they are so few. We are glad to notice that, in future, Dr. Roberson Day will be the editor of the Directory. His efforts ought to be well supported, and we trust that in future the book, under his editorial care, and coming out thus under the ægis of such a well-known physician, will, in no long time, be a thoroughly complete list of British homœopaths.

The Colonial, Indian, and Continental list is full, and we believe accurate. The editors have arranged with prominent

members of the profession in each country to see that the details are reliable. The United States list is not yet so full as might be, but this will probably increase every year, as the publication gets to be known in America.

There is, as usual, the list and details of the various Homœopathic Hospitals and Dispensaries, and the names of the Homœopathic Chemists in each town.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the session 1903-1904 was held at the London Homœopathic Hospital on Thursday, April 14th, 1904, at 8 o'clock. Dr. Herbert Nankivell, President, in the chair.

The following specimens were exhibited by Dr. Neatby : (1) A large fibro-myoma removed by hysterectomy for hæmorrhage. Recovery. (2) Small multiple fibro-myomata of uterus removed by hysterectomy, for pain. Recovery. (3) A large parovarian cyst (left) showing relation to ovary, A small parovarian cyst (right) from same patient, showing relations in earliest stages. Recovery. (4) Carcinoma uteri, mainly of the scirrhus variety, removed by pan-hysterectomy. Recovery.

SECTION OF SURGERY AND GYNÆCOLOGY.

Mr. Knox Shaw contributed a paper entitled "The Surgical Treatment of High Myopia," in which the value of the operation of needling the lens was discussed and illustrated by cases. The operation is called for in cases where it is impossible to get the patient to wear any form of permanent correction. The extremely small retinal image produced prevents correction, and the prismatic effect of lenses of extreme concavity is such as to induce headache and discomfort, and pain in the eyes. Should high myopia be found in young life, it is almost certain to be progressive. The indications for operation are, primarily, disability to follow the usual occupations of life ; secondarily, if the myopia is progressive, Mr. Shaw adopts discission of the lens, repeated from time to time until the soft lens matter is absorbed by the aqueous. Cases require watching owing to the danger of swelling setting up iritis or glaucoma. Sepsis must also be guarded against. After healing has taken place refraction is then corrected by + glasses instead of — as for myopia.

The loss of accommodation involved in the removal of the lens does not appear to be so serious a disability as might be expected.

A discussion of Mr. Shaw's paper was taken part in by Dr. Dudgeon, Mr. Wynne Thomas, Dr. Thornt, Dr. Johnstone, and Dr. Roberson Day, and Mr. Knox Shaw replied.

Dr. James Johnstone next read notes of a case of "Rheumatic Fever occurring during the Puerperium," in which the symptoms of the disease ensued about ten days after delivery, and were of a more severe character than usual. The patient recovered.

A discussion turned on a comparison of the occurrence of rheumatism with that of pyæmia during the puerperium, in which Dr. Dudgeon, Dr. Neatby, Dr. MacNish, and Dr. Roberson Day joined, and Dr. Johnstone replied.

A third communication was presented by Dr. Edwin A. Neatby, entitled "Some Diagnostic Difficulties in Gynæcological Practice, with illustrative cases." The difficulties referred to were those associated with irregular uterine hæmorrhage, other abnormal discharges, the relations of tumours found connected with the uterus, collections of fluid in the abdomen, etc. Dr. Neatby laid stress on the immediate attention necessary in hæmorrhagic cases, the advisability of examination under anæsthesia, and often of curetting for diagnostic purposes. In cases of discovered fluid, the nature of which is unknown, the blood count is important. If the white corpuscles number over 17,000 per c.m. and they are polynuclear, pus is certainly present. Dr. Neatby's points were illustrated by cases which had come under his own care and had been tested by the methods suggested, which had frequently cleared up the difficulties named.

An interesting discussion followed, taken part in by Dr. Nankivell (from the chair), Dr. Johnstone, Dr. Hervey Bodman, Mr. Knox Shaw, Dr. Roberson Day, and Dr. Neatby in reply.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUMMER POST-GRADUATE COURSE, consisting of LECTURES, CLINICAL DEMONSTRATIONS, &c., in the months of May, June and July, 1904, at the London Homœopathic Hospital, Great Ormond Street, London, W.C., under the auspices of the British Homœopathic Association.

Courses will be given in Homœopathic Materia Medica and Therapeutics ; Clinical Surgery and Medicine, with Demonstration of Cases in the Wards and Out-patient Department ; Lecture-demonstrations in Gynæcology ; Clinical Microscopy, Blood and Urinary Analysis, Bacteriology and practical Pathology ; Electro-Therapy, High Frequency, Rontgen-ray, and Light Treatment ; Neurology ; Pediatrics ; Dermatology ; Physical Therapeutics ; Ophthalmology ; Otology ; Laryngology, &c.

At the London Homœopathic Hospital, which is most centrally situated, easy of access from all parts, and equipped up to date, there is abundant clinical material : over 1,100 in-patients treated yearly, and 40,000 out-patient attendances.

Practitioners may attend the entire summer session or any separate course may be taken.

Professional ladies and gentlemen visiting England during the summer will find in these lecture-demonstrations the only systematic Homœopathic course in Europe.

Certificates of attendance and proficiency will be granted at the end of three months' hospital attendance.

The course will be made as practical as possible.

A list of hotels and boarding-houses in the neighbourhood will be provided at the office, and facilities will be afforded for securing suitable accommodation at reasonable rates.

A reception, with reading and writing room, will be provided for those taking the course. Post-graduates may have their letters addressed to the hospital, and every effort will be made to make the period of attendance socially agreeable and professionally profitable.

The hospital is connected with the National Telephone Exchange, so that Post-Graduates can receive messages by telephone when at the hospital (Telephone 359 Holborn). Telegrams : care of " Similimum, London."

FOR BRITISH HOMŒOPATHS.

As a special feature of the forthcoming session it is proposed to hold a **THREE WEEKS' VACATION COURSE** in the month of June next.

The fee for this course to British homœopaths (for whom this course is primarily intended) will be One Guinea. Full particulars will shortly be ready. Applications to be made as early as possible to the Dean at the hospital.

A schedule of clinics and time-table of the course, showing subjects, hours of attendance, fees, etc., for the various lectures, demonstrations, and special departments, will shortly be ready, and may be obtained on application.

The Dean will be pleased to see ladies or gentlemen wishing

to join the course, at the hospital on Wednesday or Saturday mornings, or Monday or Thursday afternoons, or at 86, Wimpole Street, any morning except Wednesday or Saturday. He is also at all times pleased to give any information to any post-graduate regarding the course, and he will be glad to receive any suggestion towards its development.

March, 1904.

JAMES SEARSON, M.D., *Dean.*

The British Homœopathic Association, following on its Winter Course of Lectures, has arranged for a full Academic and Practical Course of Instruction in General Homœopathic Medicine, and the special branches, during the Summer Session of 1904. The Academic Course will consist of a connected series of lectures in Homœopathic *Materia Medica*, and in Homœopathic Therapeutics. These lectures will be didactic, and further illustrated by the citation of cases, and reasons will be given for the specific selection of the remedy.

The *Materia Medica* lectures will be delivered by John H. Clarks, M.D., and T. G. Stonham, M.D. Lond. The lectures in Homœopathic Therapeutics will be given by D. Dyce Brown, M.A., M.D., and J. Galley Blackley, M.B. Lond. The Practical Course will include clinical instruction on medical and surgical cases in the wards and out-patient departments of the London Homœopathic Hospital, by the physicians and surgeons of the hospital. Lecture demonstrations will also be given in the special subjects of Gynæcology, Diseases of the Eye, Diseases of the Ear, Throat and Nose, Practical Pathology, Clinical Microscopy and Urinary Analysis, Diseases of the Skin, Diseases of the Nervous System, Diseases of Children, etc., by the various specialists of the hospital staff.

In addition to these lectures and clinical demonstrations, a Tutorial Course will be conducted throughout the Session, so as to give each member a thorough personal grounding in the practice of homœopathic medicine.

Operations in General Surgery and Gynæcology are performed on the average twice or thrice weekly, and every opportunity will be given to members to familiarize themselves with the modern methods in major and minor surgery. The whole work of the session may be taken by members, or any special course or courses, to suit the convenience of those attending. Every care will be taken to make the work of the session as thorough, complete, and practical as possible.

The authorities responsible for the conduct of this course especially invite professional graduates from the Continent, America, and the Colonies, to avail themselves of this unique opportunity for a thorough acquaintance with homœopathic

practice in the treatment of disease. The course will commence on May 2nd. Applications for enrolment, and further information as to Courses, Fees, etc., may be obtained from the Dean of the Post-Graduate Course, London Homœopathic Hospital, Great Ormond Street, London, W.C.

WE are pleased to extract the following from the *North American Journal of Homœopathy* for April, for which we cordially thank the Editor.—Eds. M.H.R.

“ POST-GRADUATE WORK EN TOUR.

THE opportunity of combining the recreation and education incident to a trip to Europe with post-graduate study is now offered to homœopathic physicians. In our advertising pages will be seen the announcement of the Post-Graduate Lectures and Clinical Demonstrations at the London Homœopathic Hospital, under the auspices of the British Homœopathic Association. Our British brethren have sometimes been accused of a lack of energy, but no one has ever thought of charging them with a lack of thoroughness in the performance of any work they have seriously set themselves to do; and we do not hesitate to say that any American physician who takes this course while on his vacation will find that he has added a good deal to his store of knowledge. In medicine, as in other departments of learning, it is a good idea to look at the subject from a different view-point; and it is quite conceivable that the English way of putting things may suggest ideas that we have not gathered from our American teachers. Apart from this post-graduate course, our London brethren are prepared to give a royal welcome to any of us on this side of the Atlantic.”

LONDON HOMŒOPATHIC HOSPITAL.

THE 54th ANNUAL REPORT.

IN presenting to the Governors, Donors and Subscribers the Fifty-fourth Annual Report, for the year ended December 31, 1903, the Board have much gratification in announcing that His Serene Highness, The Duke of Teck, has consented to be Patron of the Hospital, thus continuing the interest for so many years maintained by the late Princess Mary, Duchess of Teck, in succession to the Duchess of Cambridge, first Patron of the Hospital.

The In-patients have numbered 1,145, and the Out-patients (including 14,793 renewals), 23,869. The Out-patients'

attendances numbered 43,289. The following are the numbers for five years :

| | In-Patients. | Out-Patients. | Out-Patients. No. of Attendances. |
|------|--------------|---------------|--------------------------------------|
| 1899 | 1,128 | 20,678 | 35,141 |
| 1900 | 1,128 | 21,517 | 36,795 |
| 1901 | 1,092 | 21,822 | 39,871 |
| 1902 | 1,031 | 20,749 | 37,267 |
| 1903 | 1,145 | 23,869 | 43,289 |

The following table, comparing the expenditure of the five years 1899-1903 inclusive, shows the variations in expenditure arising from the hospital work.

ORDINARY EXPENDITURE.

| Expenditure. | 1899. | 1900. | 1901. | 1902. | 1903. |
|----------------------|-----------|------------|------------|------------|------------|
| | £ s. d. | £ s. d. | £ s. d. | £ s. d. | £ s. d. |
| Provisions - - | 2592 4 6 | 2517 19 7 | 2700 14 0 | 2427 5 3 | 2719 7 8 |
| Surgery & Dispensary | 919 4 6 | 956 19 5 | 1066 16 11 | 1636 8 5 | 1068 2 6 |
| Domestic - - | 2202 11 8 | 2256 11 2 | 2411 3 3 | 2276 0 7 | 2330 9 7 |
| Establishm't Charges | 801 6 11 | 703 15 2 | 974 16 1 | 767 16 8 | 669 15 11 |
| Salaries and Wages | 2890 13 1 | 2821 17 0 | 2941 4 0 | 2947 1 7 | 3210 1 10 |
| Miscellaneous - - | 163 13 11 | 175 18 11 | 168 2 7 | 195 12 7 | 297 1 4 |
| ADMINISTRATION— | | | | | |
| a. Management - - | 703 15 11 | 677 16 5 | 709 8 0 | 740 16 10 | 679 10 1 |
| b. Finance - - | 52 18 7 | 21 0 0 | 94 15 11 | 157 2 11 | 127 2 8 |
| | 10121 7 0 | 10130 17 8 | 10957 0 9 | 10547 4 10 | 11119 11 7 |

The ordinary expenditure is, on a five years average, £10,574 per annum; on an average of the last three years, £10,874 per annum.

| | £ s. d. |
|---------------------------------------|-------------|
| The year's total expenditure has been | 11,119 11 7 |
| The income | 7,415 16 7 |

Deficit on ordinary income.. 3,703 15 0

The following is the total of the encroachment on capital caused by the annual deficits in the income account :—

| | £ s. d. |
|--|-------------|
| January 1st, 1903, due to capital.... | 12,085 0 2 |
| Deficit of the year 1903.... | 3,703 15 0 |
| | 15,788 15 2 |
| Proceeds of Festival Dinner, June 25, and Special Appeal..... | 5,375 17 1 |

December 31, 1903, due to capital .. 10,412 18 1

This expenditure of capital funds in the current work of the Hospital received, it will be remembered, the special sanction of the General Meeting in 1900, which empowered and directed the Board to withhold or withdraw from the

Reserve Fund, so far as might be necessary, the sum of £3,000 per year for the four years ending December 31st, 1902. Of the £12,085 withdrawn from capital under this sanction, it will be seen that by the generosity of "A Nobleman," who gave £1,000 to Lord Cawdor's list, and also of many generous friends (including Captain Cundy, who gave £500, and Sir Henry Tyler, who has given £200), the Board have been enabled to reduce the amount by over £5,000. Meanwhile, to meet the annual ordinary expenditure, the Board will ask a further sanction of the Governors, Donors, and Subscribers, to utilise capital funds, if necessary, to the extent of £3,000 a year for the four years 1903-4-5-6, subject to the same condition, to replace those amounts if possible.

The income has been less in 1903 than in 1902, but more than in any previous year, with the exception of 1900, when some unusually large donations were received. The following table shows the ordinary income for the past five years :—

ORDINARY INCOME.

| Income. | 1899. | 1900. | 1901. | 1902. | 1903. |
|----------------------|------------|-----------|-----------|-----------|-----------|
| | £ s. d. | £ s. d. | £ s. d. | £ s. d. | £ s. d. |
| Annual Subscriptions | 1558 16 0 | 1478 6 0 | 1560 16 0 | 1612 8 0 | 1741 19 6 |
| Donations - - | 810 19 0 | 1570 17 0 | 775 9 8 | 757 18 2 | 229 0 8 |
| Hospital Sun. Fund | 625 0 0 | 622 18 4 | 458 6 8 | 527 1 8 | 563 15 0 |
| Hospital Sun. Fund | 147 3 0 | 144 4 0 | 143 15 0 | 135 8 0 | 180 2 0 |
| King Edward's Fund | 230 0 0 | 200 0 0 | 200 0 0 | 200 0 0 | 200 0 0 |
| Invested Funds - | 1972 0 4 | 2317 17 1 | 2273 15 3 | 2464 7 11 | 2164 8 5 |
| Nursing Institution | 1282 1 7 | 1302 5 6 | 923 1 0 | 1029 14 9 | 1207 11 0 |
| Out-patients' Fees - | 910 18 0 | 905 10 0 | 917 12 0 | 875 6 0 | 1024 0 0 |
| Other receipts - - | 20 0 0 | 250 0 0 | 25 0 0 | 534 2 0 | 120 0 0 |
| | 7026 17 11 | 8791 18 5 | 7277 15 7 | 8196 6 6 | 7415 16 7 |

* This year a special donation of £500 was received.

The following table shows the fluctuations of ordinary income during the past five years :—

| Year. | Income. | Increase compared with last preceding year. | Decrease compared with last preceding year. |
|-------|-------------|---|---|
| | £ s. d. | £ s. d. | £ s. d. |
| 1899 | 7,026 17 11 | 406 1 6 | — |
| 1900 | 8,791 18 5 | 1,765 0 6 | — |
| 1901 | 7,277 15 7 | — | 1,524 2 10 |
| 1902 | 8,136 6 6 | 858 10 11 | — |
| 1903 | 7,415 16 7 | — | 720 19 11 |

The average ordinary income is, on a five years' average, £7,730 per annum; on an average of the last three years, £7,610; on an average of the first three years in the new Hospital (1896, 1897, 1898), £6628, showing an average increase of £982 per annum.

The receipts from Private Nursing (included in the ordinary income above) have been £1,207 11s., which compares with previous years as follows:—

| | £ | s. | d. |
|------------|-------|----|----|
| 1899 | 1,282 | 1 | 7 |
| 1900 | 1,302 | 5 | 6 |
| 1901 | 923 | 1 | 0 |
| 1902 | 1,029 | 14 | 9 |
| 1903 | 1,207 | 11 | 0 |

The Board gratefully acknowledge the following awards:—

| | £ | s. | d. |
|---|-----|----|----|
| King Edward's Fund | 200 | 0 | 0 |
| Metropolitan Hospital Sunday Fund | 568 | 15 | 0 |
| Hospital Saturday Fund | 160 | 2 | 0 |

The Legacies received during the year are as follows:—

| | £ | s. | d. |
|---------------------------------|-------|----|----|
| Miss Jane Vans Hathorn | 20 | 0 | 0 |
| Mr. John Russell Justice | 100 | 0 | 0 |
| Elizabeth Georgina Child | 227 | 6 | 8 |
| Alexandre Auguste Haclin | 800 | 0 | 0 |
| Richard Hawkins Beauchamp | 1,000 | 0 | 0 |

The Endowed Beds have been increased in number by "The Dorothy Gertrude Cot," in memory of Dorothy Gertrude Brock Hunt, by her mother and aunt, the gift being £750.

The Annual Report of the Convalescent Home at Eastbourne shows a total of 175 residents (including renewals) during the year 1903, viz., 130 women, 34 children, and 11 nurses of the Hospital. Annual subscriptions and donations for the support of this excellent work are much needed.

The following members of the Board—The Hon. Algernon Grosvenor, Mr. A. Ridley Bax, Mr. John Carter, Mr. T. D. Galpin, and Mr. Edwin Tate—retire in the usual annual rotation, and, being eligible, are proposed for re-election. The medical members for the year 1904 are Dr. Blackley and Dr. Byres Moir.

The Board record with much regret the death of Major-General Beynon, a member of the Board since 1884, who took a deep interest in the welfare of the Hospital.

The Board record their sorrow at the death of Dr. Edward Hamilton, and their appreciation of the important aid which

Dr. Hamilton gave to the Hospital in its earlier years, co-operating with Dr. Quin in its foundation in 1849. He was an active member of the Medical Staff from that year till 1865. He was a member of the Medical Council from 1859 to 1874, and again from 1882 until his death on Monday, August 31st, 1903. He never failed to show the deepest possible concern in the welfare of the Hospital, and his death adds to the many losses the institution has already sustained of those steadfast and influential friends who, assisting at its foundation, have lived to see the result of their early labours and foresight in the present considerable Hospital, taking its place among Metropolitan Hospitals, and being the Metropolitan Centre of Homœopathy in the United Kingdom.

Feeling that the memory of such friends of the Hospital should be perpetuated, and following the procedure in the case of Dr. Quin (after whom "Quin Ward" is named), and Dr. Yeldham and Mr. Hugh Cameron, after whom beds are named, the Board have named a bed "The Edward Hamilton Bed."

The Board also regret the decease of Dr. J. Hamilton Mackechnie, an active member of the Medical Staff from 1858 to 1884, and a member of the Medical Council from 1866 till his death in 1903.

The Board have appointed Mr. F. A. Watkins, Pathologist ; and to provide for the growing work of the Ophthalmic Department, Mr. Percy Ross has been appointed Assistant Ophthalmic Surgeon.

The medical report shows the great activity of the Medical Staff to have been fully maintained, and the Board cannot over-estimate their valuable services and deep interest in the progress of the Hospital.

The Ladies' Guild of the Hospital has made remarkable progress during the year. Three new branches have been inaugurated—for South Kensington, Crouch End, and Bloomsbury. By the energetic management of the honorary secretaries, Mrs. Kimber (Hampstead branch), Mrs. Holman (Highgate, Finchley and Muswell Hill branch), Mrs. Carter (Tulse Hill, Streatham and Denmark Hill branch), Mrs. Spencer Cox (Kensington branch), Mrs. Algie (Crouch End and Crouch Hill branch), Mrs. Gordon Fellowes (South Kensington branch), Mrs. Cunard Harris, L.R.C.P. (Bloomsbury branch), the membership has reached a total of 413, while 473 garments have been provided during the year for the use of the Hospital patients, and a total of £206 16s. has been subscribed to the Hospital funds up to December 31st last. The Hampstead branch subscribe for "The Hampstead Bed," the Highgate, Finchley, and Muswell Hill branch for "The Highgate Cot," the Kensington branch for "The

Kensington Cot." New branches are in course of formation. The Board cannot sufficiently express the indebtedness of the Hospital to this association of ladies, working in so many ways for the welfare of the Hospital, and the good of its patients.

The accumulated deficit at the end of 1903 amounted, as above stated, to £10,412. That amount is due to the Capital Fund. These deficits are viewed with serious concern by the Board, preventing as they do the preservation of the Capital Funds, reducing the Annual Income, and seriously restricting much-needed developments of the Hospital, which are urgently called for by the Medical Staff and which the Board are anxious to promote.

The main remedy is an increase in the annual revenue. The Board therefore again urge upon their supporters the vital fact that this Hospital can look to one section of the public only—that class which has experienced the value of those reforms in medicine which are associated with the name of Homœopathy. The income is not only insufficient to inspire those developments which would accomplish so much for the Hospital, and for the cause it represents, but is inadequate for the present annual expenditure. The Board must therefore rely upon an increase of that generous support which the many supporters of the Hospital have never yet failed to afford them.

Finally they gratefully acknowledge the continued evidence of Divine favour and aid in the increasing work which this charity is doing for the sick poor.

(We much regret that owing to want of space, we are obliged to defer till our June issue the full report of the annual meeting of the London Homœopathic Hospital, which was held on March 24th.—EDS. *M.H.R.*)

TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE ANNUAL MEETING AND REPORT FOR 1903.

THE Annual Meeting of the Tunbridge Wells Homœopathic Hospital was held at the Hospital on Friday, February 19th, 1904. Amongst those present were Mr. Walter Langton, J.P., who presided (the President being unavoidably absent), The Mayor and Mayoress (Alderman and Mrs. Robb), Constance Lady Coote, Dr. Neild, Dr. Pincott, Dr. Edith Neild, Dr. Capper, Dr. Grace, Messrs. Dallas Beeching, William Brackett, Clapham, Douglas, Lefevre Austin, A. C. Murtton-Neale, W. J. Marsh, Cecil Vinall (Hon. Sec.), etc.

The meeting was opened with prayer by Rev. W. H. C. Palmer. The minutes of the last meeting were taken as read and confirmed.

The Report of the Committee, the Medical Report, the Dental Report, and the Treasurer's Report were then read.

Report of the Committee.

At the end of another year the Committee of the Tunbridge Wells Homœopathic Hospital and Dispensary have much pleasure in presenting their Annual Report. The year has been a memorable one in the annals of the institution. Since the last report was presented the purchase of Silwood House, Church Road, Tunbridge Wells, for use as a hospital and dispensary has been completed, and alterations have been made and additional buildings required have been erected.

The Committee acknowledge with deep thankfulness the handsome donation of £1,000 from the President and his wife, also another handsome donation of £700 from an anonymous donor, and the generous donations given by the subscribers and friends of the Hospital, which donations have enabled the Committee to purchase the new premises and adapt them. It should be mentioned that the anonymous donation of £700 above referred to was given to Dr. Neild to be applied for the benefit of the Hospital in whatever way he thought fit. Dr. Neild has applied £500 of it in reduction of the mortgage of £2,000. The Committee express their great indebtedness to the ladies who organized a bazaar in aid of the new hospital, which resulted in the sum of £201 6s. 1d. being placed to the building fund.

The work done among the sick poor continues to increase. As will be seen from the medical officer's report, the numbers in the out-patient department have been 2,906 against 2,346 last year, and there has been a large increase in the numbers attended at their own homes, 4,444 visits having been paid by the medical officers to patients too ill to attend personally, a feature of the work which is deeply and gratefully appreciated. The in-patients have numbered 70, and a considerable number of these have been cases requiring long periods of treatment. The diminution in the number of in-patients compared with last year is accounted for by the fact that the Hospital had to be closed on October 1st, in order to allow of arrangements being made for moving into the new premises.

Our warmest thanks should be given to our honorary medical staff, and to the matron and the nurses, for their skilful, unselfish devotion, and for their untiring kindness to all under their care.

The expansion of the work of the Hospital will probably

entail greater expenses in the future, and the Committee hope that the subscribers and friends will assist them in extending their present list of subscribers and supporters. The Committee pray that the Divine blessing may rest upon the institution, and that in its new surroundings it may be the means of ever-increasing benefit to the poor.

Medical Officers' Report.

The medical officers have much pleasure in submitting their report of the work done by the Tunbridge Wells Homœopathic Hospital and Dispensary during the year 1903. The fact that the Hospital was closed for in-patients for three months has naturally made a difference in the respective numbers of in-patients and out-patients, the former of course being less and the latter more, especially as regards home visits. Patients who were too ill to attend the Dispensary during the last three months of the year, were, as far as possible, attended at their homes. Taking these facts into consideration, the report compares very favourably with that of any previous year. There were 56 patients admitted to the Hospital (including 3 admitted to the private ward) which, with 5 patients re-admitted, and 9 under care at the beginning of the year, makes a total of 70. There was one death in the Hospital. There were 2,701 admissions and re-admissions to the Dispensary, and 4,444 visits paid to patients in their own homes.

As the in-patient department was closed at the end of the year, there were, of course, no patients under care.

The Chairman expressed deep regret that the President, Mr. F. G. Smart, J.P., was unable through indisposition to be present. The work of the institution had increased, and consequently the good done was greater. A great feature of the work of the Hospital was the home visits of the medical staff, who had shown great self-sacrifice and kindness in visiting poor people in their homes. He regretted that last year the subscriptions were so comparatively low. This was to be regretted, as the new quarters would require increased subscriptions. The work done would be extended, owing to the greater facilities provided by the new buildings, but more funds would also be needed. The Chairman pleaded for discrimination in the distribution of hospital letters, and also proposed a cordial vote of thanks to Mr. and Mrs. Smart for a kind donation of £100. He also proposed that the reports be adopted, printed, and circulated, which was carried *nem. con.*

The ceremony of opening the new Hospital was then proceeded with. The Rev. F. W. Quinn offered a dedicatory prayer. The hon. secretary and hon. treasurer gave sketches of the history of the institution, and congratulatory speeches

were made by the Mayor, Mr. Brackett, Dr. Burford, Dr. Neild, and Dr. Capper. Mr. Langton then declared the hospital open. Donations amounting to £130 13s. 6d. were announced.

LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

The Sixteenth Annual Report for the year ending December 31st, 1903.
Presented at the Annual Meeting, held on February 27th, 1904.

THE Committee of the Leaf Homœopathic Cottage Hospital in presenting their 16th Annual Report to the Subscribers and Donors who have so kindly supported them, are glad to be able to send a satisfactory account of the year's work. The number admitted into the Hospital was 81. The Subscriptions and Donations amounted to £1,048 4s. 8d. The Subscriptions show an increase of £38 1s. 0d., and the Donations an increase of £543 19s. 9d., as compared with last year. The increase in the donations is due largely to sums given specifically towards the fund for the enlargement of the Hospital. The following are the donors of several of the largest of such sums to whom the Committee desire to tender their sincere thanks, viz., Misses Leaf, £100; The Eastbourne Fishermen's Compensation Society (per Mr. S. Allchorn), £50; Sale of Work (per Miss L. M. Cooper), £63 17s. 9d.; Sale of Work (per Miss Annie Savage), £70; Messrs. Miller and Selmes, £25; Mrs. Crump, £20; and numerous other kind friends of smaller sums. The sum of £294 3s. 1d. has been brought from the Building Enlargement Fund Account into the General Fund. The Committee regret they are unable to carry forward a balance to its credit this year; but they again confidently appeal for further help, as at least an additional £200 per annum is urgently needed to meet the increased expenses of maintaining the Hospital, consequent upon the enlargement thereof; an appeal which it is hoped will receive a ready and willing response, as the benefits of the Hospital are known to be much valued by the poor of the immediate neighbourhood.

There are four wards in the Hospital, containing nine beds and one cot.

The total number of patients treated at the Hospital during the year (notwithstanding the Hospital was closed for alterations for over two months) has been 305, of whom 81 occupied beds in the wards and 224 were out-patients; against 307 cases in 1902, of whom 94 occupied beds in the wards and 213 were out-patients; 2263 cases have been treated at the Hospital since its opening in 1888.

The Hospital has only a small share in the large official Hospital Sunday and Saturday Collections made in the town, but the Committee wish to express their best thanks to those Incumbents who have set apart a portion of their offertories on their behalf, the amount being £84 2s. 2d. against £76 19s. 3d. last year. The donations received for Hospital Sunday and Saturday amount to £82 1s. 9d., against £68 10s. 2d.; this includes proceeds of collection by the Friendly Societies, £25 8s. 0d., against £38 5s. 0d. for 1902, and the amount collected by Cards, £42 13s. 6d., shows an increase of £5 4s. 1d. The Hospital Boxes have produced £16 0s. 9d., against £11 10s. 0d., last year.

No charge of any kind is made to patients, the supply of necessaries, medicine, and advice being entirely gratuitous.

The Committee wish again to return their best thanks to Dr. Croucher, Mr. Swanseger, Mr. Turner, and Mr. Dudley Wright, F.R.C.S., Eng., Consulting Surgeon, for their kind and skilful treatment of the patients, gratuitously bestowed; and to Miss Bevis (the Matron), and Nurse J. B. Forster for their devoted attention, whilst at the same time exercising due economy in the regulation of the House expenditure; also to the kind donors of various articles throughout the year, which have afforded additional comfort to the patients. The Committee regret the resignation of Mr. Swanseger owing to ill-health, and Dr. C. P. Husband has succeeded him on the Medical Staff.

The Misses Leaf have kindly given the premises situate at Nos. 1 and 2, Marine Road, to the Committee, in Trust for the furtherance of Homœopathy, which have been adapted for Hospital purposes, furnished, completed, and paid for during the year.

Signed on behalf of the Committee,

R. C. LAMBERT,

Honorary Treasurer.

INAUGURATION OF A HOMŒOPATHIC HOSPITAL IN TURIN.

ON Nov. 16th last the new homœopathic hospital in Turin was solemnly inaugurated in the presence of Mgr. Spandre, coadjutor of the bishop of Turin, and with him were joined Dr. Stefano Balp, representing the prefect; Dr. Camillo Zacconis, member of the Council of Hygiene, representing the president of the municipal council; Dr. Luigi Pagliani, dean of the faculty of medicine; Dr. Gerolamo Mo, president of the order of physicians; Dr. César Lombroso, professor of legal

medicine and psychiatry ; and Dr. Luigi Cavourleone, surgeon colonel. The presence of the allopathic notabilities of the city at the inauguration of a homœopathic hospital is a sign of the times, and we congratulate our Italian *confrères* most sincerely. What pleased us even more was the speech made by Dr. Zacconis in the name of the municipality, in which he said : " If science raises theoretical differences between the divers methods of cure, the profane have no suspicion of these differences and only take count of the good which they do. This is why the city of Turin could not allow this pious work concluded without expressing to the founder its indebtedness and that of the whole population as well. We have our golden book in which we inscribe the names of all the benefactors of the city. I am happy to declare in the name of the municipality that we wish to inscribe there the names of the founders of this hospital, of Dr. Bonino who directs it with so much self-denial, and of all those who co-operate with him in this beneficent work. As the hospital question has become one of so much importance for our city, we ought to appreciate all the more the utility of the house which we are inaugurating to-day."

The hospital is not actually a new foundation, for it has existed in the embryonic stage for the last thirteen years, although it only possessed six beds. Small as it was, however, our *confrères* treated there no less than 473 patients with only thirteen deaths, representing a mortality of 2.75 per cent. Behold what can be accomplished by energy and perseverance ! *Revue Homœop. Française*, Feb., 1904, p. 59.

The new hospital is an elegant building of three stories, and *is provided with a garden*. It contains 22 beds and two outpatient consulting rooms ; a laboratory for chemical and microscopic analysis and for the application of electricity, an operating room, a room for baths and douches, etc."—*L'Omniopatia in Italia*, Dec., 1903.

THE HOMŒOPATHIC HOSPITAL, HOBART, TASMANIA.

We learn from the *Hobart Mercury* of February 18th, that at a lecture delivered by Mr. Gerard Smith, the Medical Officer of Health for Hobart, on "Egypt under the Pharaohs," the chair was taken by the Premier, the Hon. W. B. Propsting, who "stated that the proceeds were in aid of the Homœopathic Hospital Fund, an institution which he warmly commended as one of our best managed charitable institutions." This important testimony coming from the highest quarter

is very gratifying to hear, and will, we are sure, be a source of encouragement to the homœopathic public in Hobart, and to the board of management of the Hospital, to do their utmost for its support and development.

THE CALCUTTA SCHOOL OF HOMŒOPATHY.

THIS school seems to be doing a very useful and successful work. At the annual meeting in December, 1903, it was stated that, while in the year 1902 there were forty-two students on the roll, in 1903 there were fifty students, an increase of eight. Dr. P. C. Majumdar, the energetic Secretary, is the moving spring of this Institution.

LONDON HOMŒOPATHIC HOSPITAL.

A BOHEMIAN Concert in aid of the London Homœopathic Hospital took place in the Throne Room, Holborn Restaurant, on Thursday evening, April 21st, under the presidency of J. F. Remnant, Esq., M.P. for the Holborn Division of the Borough of Finsbury.

The concert differed from previous concerts in aid of the Hospital by two novel features. First, it was organized entirely apart from the Hospital authorities; second, the chief promoters were two former patients who, with their friends, took this means of expressing their grateful thanks for the help they had received. The musical arrangements were under the direction of Mr. Carl Cremer. The artistes were Miss Ethel Jackson (Mezzo), Miss Lavine Good (Reciter), Madame Alberta Bianchi (Contralto), Miss Constance Salvesen (Soprano), Miss Kate Bowditch (Contralto). Mr. Lewis Blackburne, Mr. W. C. Holden, Mr. James Godden (humorous songs), Mr. Carl Brandt (Bass), Mr. Algernon J. Hicks (Character Sketches), Mr. Harold F. Payne, Mr. Albert West (Baritone), Mr. Walter Walter (Musical Sketches), Mr. P. Williams (Violin), Mr. H. W. Pike ('Cello), and Mr. Wharton Wells (Accompanist).

In the course of the concert the chairman said it gave him a great deal of pleasure to preside at that concert in such a good cause. The excellent Hospital they were met to support was a great example to them all of the way in which they could help others. To have an annual deficiency of income appeared to be the chronic state of most hospitals at the present moment, and this hospital was no exception. Fortunately it was very seldom that an appeal to the public for so good a cause was made in vain, and, although he could

hardly expect his audience to equal the sum which the Hospital supporters contributed when Lord Cawdor took the chair at the festival dinner in June last, and the gifts reached over £5,000, he hoped they would all try to do something to wipe off the deficit of this hospital. That deficit was, unfortunately, about £3,000 a year, and after the handsome result of the festival dinner there still remained some £10,000 due to the capital account of the charity. What he wanted people to feel and realize was the nature of the work done by the Hospital staff, and particularly by those excellent friends of the sick, the nursing sisters. (Applause.) He would like to see a more regular support of such institutions, so that instead of depending, as they very often did, upon the large gifts of a few, the regular annual subscriptions should be the main basis of income.

The concert programme was excellent and varied, the more serious music being interspersed with recitations, musical sketches and humorous songs, and where everything was of such a high average it would be difficult to particularize.

The proceeds for the Hospital will, we understand, be about £30.

The whole of the arrangements were well carried out, reflecting the greatest credit on the concert committee, and particularly on Mr. G. W. de Mattos, the secretary, who was indefatigable in his efforts for the success of the scheme, Mr. Carl Cremer, the Musical Director, who had entire charge during the evening, and Mr. Carlton Stubbs.

THE ORIGIN OF THE TABLET.

THE following interesting bit of history we extract from the "Editorial Brevities" of the *Homœopathic Recorder* of February, as proving the priority of the "tablet" over the "tabloid" of Messrs. Burroughs & Wellcome, and the introduction of the "tablet" by the well-known firm of American Homœopathic Pharmacists, Messrs. Boericke and Tafel, in 1878.

"Tablets are the invention, if the term be permissible, of Dr. Robert M. Fuller, of New York, and the first mention of them is to be found in the *Medical Record*, N. Y., March 9th, 1878. Dr. Fuller, though of the majority school, was a friend of the late A. J. Tafel, of the firm of Boericke and Tafel, and this firm was the first to prepare tablets under the direction of Dr. Fuller, for obvious reasons that follow. Apparently Dr. Fuller saw the immense possibilities and actual achievements of Homœopathy, and also, with equal clearness, the

hopelessness of inducing the 'regular' profession to adopt anything 'homœopathic.' By means of tablets of 1-10, 1-100 or 1-1000 gr. the same thing could be done. The enormous quantities used since shows that Dr. Fuller was right, and, as the *American Druggist* in 1886 said, 'voluntarily denied himself the very considerable income which would have resulted from a patent right.' "

OBITUARY.

MAHENDRA LAL SIRCAR, M.D., D.L., C.I.E.

WE greatly regret to have to record the death of our distinguished colleague in Calcutta, Dr. Mahendra Lal Sircar. He passed away after a long illness on the 23rd of February. His was a career which would merit a long and full notice, but as we gave so recently as in our March number a full account of the celebration of his 71st birthday, in which account there was a complete and long sketch of his interesting career, it is unnecessary for us to repeat it now, as there is nothing material to add to it. We therefore advise any of our readers who did not read the account of the birthday celebration in our March issue to turn back to it, and give themselves the pleasure of reading the life of one of the most distinguished of our colleagues, and the pioneer of homœopathy in Calcutta. We also in our issue of October, 1903, noticed a pamphlet which Dr. Sircar had just then issued "On the supposed uncertainty in medical science, and on the relation between diseases and their remedial agents." This was a reprint of his address, his "apologia" when the Calcutta branch of the British Medical Association turned him out of his Vice-Presidency of the association; with an account of the concomitant circumstances, and the correspondence arising from it. The facts there recorded were embodied in 1902 in a paper of thrilling interest, entitled "The story of my conversion," published in the *Calcutta Journal of Medicine*, and which we had the pleasure of reprinting in our issue of October, 1902. To this also we would refer our readers who may have forgotten it. It is well worth reading again. Dr. Mahendra Lal Sircar was a truly remarkable man, one of the finest examples of the high-minded Hindu. He showed the "grit" that there was in his character not only by his up-hill study of medicine under adverse circumstances, and the distinguished position he took as a student, but by his having agreed to write a paper

for the Calcutta Branch of the British Medical Association against homœopathy, which he then honestly believed to be humbug; by his resolving first to study his subject before writing on it; by his unexpected discovery that homœopathy was *not* humbug, but the most scientific system of medicine in existence; by his determination to have the courage of his opinions, and to write an able paper in favour of homœopathy instead of against it. From this time, as will be found in the "Story of my conversion" he, in spite of seeming impending ruin in practice and violent opposition, persevered in the path he knew to be the truth, till he attained a position in Calcutta which was a great reward of courage and adhesion to the truth, and which was unique. The multitude of honours showered upon him from time to time will be found recorded in our issue of March, and are such as any man may well be proud of. Besides being a successful physician, he was a man of science, a philanthropist in the largest sense, of unblemished character, and actively interested in all educational matters. As the *Indian Homœopathic Review* of March says sympathetically, "Mahendra Lal Sircar was indeed a man in whom the Indian people do well to take pride," and we can ill afford the loss to Calcutta, to the Empire, and to homœopathy of such a truly grand man, and we feel that we do honour to ourselves in noticing with sorrow our loss. But we trust, and are sure, that his noble example will act as a stimulus to our Indian colleagues to follow in his steps, and to do all in their power to keep alive the tree, the seeds of which were planted by Dr. Sircar.

It is interesting to quote another sentence from the *Indian Homœopathic Review*: "Dr. Sircar lived and died an orthodox Hindu. He was not unfamiliar with the other religions of the world, for, possessing one of the finest private libraries in the city, he was one of the best read men of the day in India, and a constant student of the Bible. But his faith in the religion of his forefathers remained unshaken, and he died, as already mentioned, a Hindu."

This conservatism in religion only brings out forcibly the strength of character of the man who, when in medicine he found that he was in the wrong road, and had the right road made evident to him, fearlessly retraced his steps, and held to the right path till the end of his days.

We are greatly pleased to hear from the *Indian Homœopathic Review* that at a meeting of the Hahnemann Society of Calcutta it was resolved "to appoint a committee, with power to add to their number, for the purpose of collecting funds, with a view to perpetuate the memory of Dr. Sircar in some suitable form."

We trust as part of this memorial that the *Calcutta Journal of Medicine*, which Dr. Sircar initiated, and of which he remained the editor till the last days of his life, will be kept up, and continued at the high level it consistently maintained in the hands of our deceased brother.

HENRY M. DEARBORN, M.D., NEW YORK.

It is with regret that we announce the untimely death of Dr. Henry M. Dearborn. His loss will be severely felt not only by the homœopathic profession, but by the community at large. Dr. Dearborn was a man who had the confidence and esteem of all who knew him. He was an earnest man, a serious man, and yet possessed of a certain dry humour that flashed out at unexpected times. He was a man of silences, but not a silent man, for when he had something to say he said it with directness and force. His ability and capacity for hard work made him one of the leading members of the homœopathic profession in New York, and for many years he has been a very prominent member of the faculty of the N. Y. Homœopathic Medical College and Hospital. In his specialty, "Diseases of the Skin," he had achieved a world-wide reputation, and his new book on that subject was regarded as the standard authority. Dr. Dearborn was at one time an associate editor of this journal, and was a constant contributor to medical journals. His lectures at the College, where he was Professor of Dermatology, were extremely clear and concise, and were valued very highly by the students. Dr. Dearborn was born at Epsom, N. H., in 1846. After some time at Harvard Medical College he went to Bowdoin, where he graduated in 1869. Beginning practice in Boston, he came to New York City in 1880. His success was marked, and in a few years he had won a large *clientèle*. Besides his lectureships at the N. Y. H. Med. College and the N. Y. College for Women, he was consulting physician at the Flower and Metropolitan and other hospitals. He was a member of many societies, including the American Institute of Homœopathy and the New York State Homœo. Medical Society. The roll of those who have gone to the great unknown is fast lengthening, but few go who leave behind them a more unblemished record as a man and physician than Henry M. Dearborn.—*North American Journal of Homœopathy*, March.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E.C.; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Drs. BLACKLEY and GOLDSBROUGH (London); Dr. MADDEN (Bromley); Dr. A. C. CLIFTON (Northampton); Dr. MURRAY MOORE (Liverpool); Dr. A. H. CROUCHER (Eastbourne); Mr. J. M. WYBORN (London); LIEUT.-COL. DEANE (London).

BOOKS RECEIVED.

International Homœopathic Directory, 1904. London: Homœopathic Publishing Co. *Transactions of the American Institute of Homœopathy*, for 1903. *The Kaleidoscopic Mind of Childhood*. By J. Murray Moore, M.D. Liverpool Bookselling Co., 1904. *Syllabus of Diagnosis*. By W. F. Baker, M.D. Philadelphia: Boericke & Tafel, 1904. *The Homœopathic World*, April. *The Charity Record*, March 31. *The Vaccination Inquirer*, April. *Annual Report of the London Homœopathic Hospital*, for 1903. *Annual Report of the Leaf Cottage Homœopathic Hospital*, 1903. *Annual Report of the Tunbridge Wells Homœopathic Hospital*, 1903. *The Journal of the British Homœopathic Society*, April. *Bromley and District Times*, March 25 and April 1. *The Northampton Daily Reporter*, April 7. *The Liverpool Daily Post*, March 29. *The Hobart Mercury*, February 18. *The Calcutta Journal of Medicine*, January. *The Indian Homœopathic Review*, March. *The North American Journal of Homœopathy*, March and April. *The Homœopathic Recorder*, March. *The Clinique*, March and April. *The Medical Brief*, April. *The Hahnemannian Monthly*, April. *The Homœopathic Envoy*, April. *The Medical Times* (New York), April. *The Pacific Coast Journal of Homœopathy*, March. *The Medical Century*, April. *Handelingen van de Vereeniging van homœopathische Geneesheeren in Nederland*, April. *Allgemeine Homœopathische Zeitung*, March 24 and April 7. *Homœopathisch Maandblad*, April 15. *Revue Homœopathique Française*, March. *Annaes de Medicina Homœopathica*, Brazil, November.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

ONCE more we have the pleasure of drawing the attention of our colleagues to the coming meeting of the Annual Congress. They will have before now received a copy of the circular issued by the HON. SECRETARY, which gives the bill of fare for the day. The Council, recognizing the success which attended the Oxford Congress of last year, when the several papers were arranged to be on similar lines and so have a homogeneity of purpose, resolved to repeat this year the same idea, and decided that the papers presented to the Congress should be again on one subject, namely, the diseases of children, and their homœopathic treatment; one of the most important subjects that can engage the attention of practitioners in general, and one in the treatment of which homœopathy has won enduring laurels. Truly in these often very serious illnesses, mothers and children have much for which to thank HAHNEMANN and homœopathy. The paper on pneumonia in children under five years of age by Dr. BYRES MOIR is sure to be ably done, and with his experience as Physician to the Hospital, it will be statistically valuable and instructive. Dr. ROBERSON DAY's paper on abdominal phthisis in children will give us the results of his observations as Physician for Diseases of Children to the Hospital, as well as in his private practice, and with

the collaboration of Dr. OSMOND BODMAN, will, we anticipate, be a paper of real value in the treatment of a difficult class of cases. The third paper by Dr. EDMUND CAPPER on epidemic diarrhoea in children will give to us the results of, we understand, a large experience in this disease. All these papers will afford ample field for discussion, for ascertaining from the members of Congress the results of their individual practice, and for the comparing of notes. We shall thus, no doubt, elucidate many interesting and important points in the homœopathic treatment of these cases. As the Congress meets only for one day, it is impossible to go over a wider field, but the field thus selected is wide enough for a single day's work.

The Presidential address by Dr. BURFORD has a title of a fascinating type. It is not only highly suggestive, but has the slightly mysterious air about it which is just what is wanted to put his hearers on the *qui vive* for an intellectual treat, which we have no doubt will be up to anticipations. It will be, we feel sure, thorough, straight, philosophical, and eminently practical, fitted to advance homœopathy from every point of view, and to kindle fresh enthusiasm in our great cause. It will thus help on the present revival in homœopathy, which has been evidenced so markedly by the inauguration of the British Homœopathic Association, and its outcome in the many-sided modes of spreading the truth for which we are everlastingly indebted to the great HAHNEMANN. As we all know, Dr. BURFORD was the man who, by his address as President of the British Homœopathic Society, first kindled the flame of zeal for the revival of the militant and aggressive spirit now so palpably existing in our ranks, with a view to stimulate an active *propaganda* of our principles and practice, and so remove the state of restful ease into which we had relapsed, on the cessation of active opposition on the part of the old school. And it was but a graceful recognition of this fact on the part of the Congress, and of his energetic action in carrying to a successful result (with an amount of zeal and labour of which perhaps not every one of us is aware), the principles and aims he at first advocated in his address, to select him as President of the Congress for 1904. We are often told now-a-days, that we should not prophesy till we know, but we think our prophetic anticipations of the character of Dr. BURFORD's

Presidential Address will be found to be not very wide of the mark.

We have more than once in our remarks on the Congress in former years emphasized the unique nature of the gathering, and its important significance as contrasted with ordinary meetings of societies. The latter are purely business affairs, so to speak. Members of societies meet once a month in their own city, they know each other fairly well, they hear a paper and discuss it, and there it ends. But the unique feature of the Annual Congress is the social element. A sufficiently interesting programme of professional work is arranged by the Council, to attract those who would never dream of coming to a dinner and nothing else. The papers and discussions are interesting and instructive, and our colleagues conclude the day's professional work, feeling that they have learned something worth coming for. But it is not a local gathering. It is a gathering of practitioners from all parts of the country, many of whom live a rather isolated professional life, and necessarily so, far removed from their colleagues, hospitals, and medical society meetings, and who, were it not for the Congress, would rarely come in contact with their fellow-workers in the great cause of homœopathy.

At the Congress, they have the advantage and pleasure of a day's personal intercommunication with their colleagues, the business meetings being varied by social functions. This meeting together, with interchange of ideas and friendly greetings, is a feature of immense value. All who come to the Congress feel this, and go home refreshed after a day's real enjoyment. As London is always an attraction, we trust that this year every one of our colleagues who can possibly manage it will make an effort to be present. In so doing they will not only give themselves pleasure and benefit, but promote the cause of homœopathy by showing a gathering which will adequately represent our forces and our position in the estimation of the profession and of the public.

Of late years a custom has originated, and has developed into what is almost looked on as a precedent, namely, that the President should entertain the Congress at lunch, or in some other social manner. The result of this generous invitation is that it is widely felt that a tax is thus put on

a President, which might prevent a man who was elected to this important office accepting it. But whether this might be so or not, it was felt by the Council desirable to prevent such a precedent being maintained. If, in any case, a President should, in spite of this resolve of the Council, wish to be so generously hospitable to the members of Congress, he could do so, but it is henceforth to be understood that there is no necessity whatever for his entertaining the Congress in any way. The same rule will apply to a case where the Congress may elect to meet in a provincial town where there are only one, two, or three representatives of homœopathy. Several times in years back this has occurred, and the local doctors have most generously entertained the Congress at lunch, which has been, of course, much appreciated ; but henceforth this is not to be considered necessary or to be expected, unless, in spite of this rule, they wish to do it. This year the rule is to be inaugurated, and the MEDICAL AND SURGICAL STAFF of the London Homœopathic Hospital, of which Mr. DUDLEY WRIGHT is Chairman, have invited the members of Congress to be their guests at luncheon, instead of allowing the PRESIDENT to be the host.

We think that this rule will be generally approved of.

The Board of Management of the Hospital have, besides kindly allowing the use of the Board Room for the meetings, invited the members to be their guests at afternoon tea.

It will be noticed that, as on the last occasion on which the Congress met in London, the annual meeting of the British Homœopathic Society has been arranged to synchronize with the Congress meeting. The former will take place on Wednesday the 29th of June, in the evening, and on Thursday, the 30th, in the afternoon, while the whole of Friday is to be devoted to the Congress. This will enable colleagues who can afford the time, to attend both these gatherings if they choose. Thursday evening will therefore be the only evening unoccupied by Society or Congress business. It is anticipated that many of our colleagues living in or near London will on that evening have private hospitalities of their own, inviting their provincial colleagues to dinner, and we hear that it is just possible that after dinner an informal gathering may be held in some public room, where members of Congress who wish to have further talk with their colleagues can have

the opportunity they wish. If this is decided upon, due intimation will be given of it.

It was also felt by the Council that it would facilitate the success of the meetings if our colleagues residing in or near London, who have the necessary accommodation, would offer hospitality to their provincial brethren for the three days of the Society and the Congress meetings. This was, of course, only a suggestion, but it is one which we hope will be acted on, as it would much add to the pleasure that our provincial colleagues would experience from their visit to London.

In fact this year's Congress promises to be a very successful, instructive, and enjoyable one; and we again express our hope that every one of our colleagues will make a point, even at personal inconvenience and perhaps with difficulty, to be present, and so individually aid in making a success of what must depend in the end on individual effort and enthusiasm for our Cause.

BRITISH HOMŒOPATHIC ASSOCIATION.

WE understand that a GRAND GARDEN FÊTE is to take place, under the auspices of the Ladies' Committee of the Association, in the Botanic Gardens, Regent's Park, on the afternoon of Thursday, the 7th of July.

It was felt by the Association that its existence and work was not sufficiently widely known to the public in London and in the country generally, and one chief object of the Fête is to make it as widely known as possible. It will be held under distinguished patronage, and it is anticipated that it will be a "big thing," and a great success.

The entertainment will be attractive and varied, including the Band of the Royal Artillery, probably the finest military band in the kingdom; a concert given by distinguished musical artists; a "pastoral play," probably Shakespeare's "Twelfth Night;" and finishing up with other attractive "varieties," of which the detailed announcement will be issued as soon as possible.

Afternoon tea will be served to visitors in (probably) the Conservatory. An interesting and, we are sure, very attractive feature will be a flower stall, presided

over by ladies. It is hoped that liberal gifts of flowers will be sent by friends in the country who are interested in the advance of Homœopathy, and especially those who are unable themselves to be present. Such gifts will be warmly appreciated.

This Fête promises to be one of the most select and imposing "functions" of the London season, and is sure to attract large numbers of ladies and gentlemen, other than those who will come to it from a desire to spread the knowledge of the blessings of Homœopathy.

WHY DOES THE INDICATED REMEDY SOMETIMES FAIL TO ACT?

By JOHN M'LACHLAN, M.A., B.C.L. Oxon, M.D. Edin.,
F.R.C.S. Eng., of Oxford.*

In the first place it is necessary to say a few words about the title of this lecture. At first sight it seems to contain a direct antinomy—an insoluble contradiction—for, if the *indicated* remedy does not act, surely no other can. I trust, however, that this antinomy will be cleared up as we proceed: it may not be so insoluble as it appears. It might have been better if we had said, "the remedy which best *covers* the *present* symptoms," a phrase used by Hahnemann, instead of saying the "indicated remedy."

Diseases may be divided into acute and chronic. *Acute* diseases are of short duration, usually self-limited, and show a tendency to spontaneous cure, or natural recovery; while *chronic* diseases, on the other hand, are lingering affections, which get better and worse, can hardly be said to be self-limited, nor can they be regarded, so far as I am aware, as showing a tendency to natural cure or spontaneous recovery. So much so is this the case that to the ears of the well-trained allopathic patient the word "chronic" is synonymous with "incurable." You will understand, therefore, that the question asked by the title of this lecture has special reference to *chronic* maladies.

So much for our title. It is next necessary to define the limits of our subject, i.e., the field it is intended to cover, and to mark out clearly what it includes and what it does not include.

* Being a "Wednesday Lecture" delivered at the London Homœopathic Hospital on February 17, 1904.

(1). You will observe that it is "the indicated remedy," or, to put the accent on different words, we may say, "*the* indicated remedy," or "the *indicated* remedy." Hence it follows that it is no part of my work this afternoon to discuss *how* to select the remedy, for my title assumes that you can all do so in the most perfect manner, in fact that you have already found "*the* indicated remedy." It matters not to me whether you have done so by the purely symptomological or "totality of symptoms" method, or by the so-called "pathological" method, or by both combined, giving the casting vote to one or other method according to each one's special leaning.

(2). I do not need to touch the vexed question of *a priori alternation*, as opposed to a *succession* or "ladder" of remedies, for my title assumes that you are to give *one* remedy only. In regard to a "succession" or "ladder" of remedies, you are aware that in this method each remedy is allowed to exhaust its action alone and undisturbed. When the action of the remedy in question is finished, a collection of the symptoms the patient *then* presents is made, and the patient prescribed for afresh, just as if it were an entirely new case.

(3). I do not I think need, fortunately for myself, to touch the question of dose further than to state in a general way that a wide range of potencies may be useful or even necessary, more especially in chronic diseases, and that both "high" and "low" should be fairly tried before rejecting an *indicated* remedy as useless in any given case. To this extent the potency used *may* have a good deal to do with the fact whether "the indicated remedy" does or does not act. So far as I am aware, we have no law to guide us in the selection of the potency ; in other words, this part of our work is an *art*, not a *science*, and the "artful dodger" has great scope for the display of his peculiar talents in this field. If I might, in a hesitating and tentative sort of way, give my own opinion on this matter, I would say that I think that on the whole it is more advisable to *begin* with a high potency (6 to 12 and upwards), more especially if one is moderately sure that one has got "the indicated remedy." But this is a point that each of us has to settle for himself and herself, being careful to always remember the theological aphorism (though I fear theologians, for the most part, forget it themselves) "In doubtful things liberty, in fundamentals

unity, and in all things charity." The germ of this aphorism, a theological friend tells me, we owe to Saint Augustine, but it was cast into its present aphoristic form by some unknown individual in the sixteenth century.

(4). Again, the purity or impurity of drugs, or the mode of drug-action, is no part of my subject. I do not need to discuss whether the drug merely or chiefly acts as a "stimulus" affecting the diseased cells *directly*, or whether the action does not go further back than that, acting upon what German scientists call the "ontogenetic directive force"—a something which lies behind all cells, whether healthy or diseased, and in a region far beyond the reach of either chemistry or physics.

(5). Nor have I to treat the question whether "*similia similibus*" is a law supreme in its own domain, like the law of gravitation in physics, or is merely a rule of practice well worth keeping in mind by those whose work it is to heal the sick, though perhaps admitting of qualifications or even exceptions. Closely connected with this point, and indeed dependent upon it, is the question whether "*curantur*" or "*curentur*"—indicative mood or subjunctive mood—should be used.

I trust my hearers will pardon me, but I cannot quite resist the temptation to say a word or two on this subject, i.e., on "*curantur*" *versus* "*curentur*." It is no question of good or bad Latin, for both forms are equally good, and whether the one or the other should be used depends entirely on the *meaning* of the writer. The so-called "jussive" sense of the subjunctive mood is merely used to express *wish* or *desire*—a *hope* that something may happen or be true; this mood can give *counsel* or advice, but it can never *command*. We are quite aware that the "American Institute of Homœopathy" decided otherwise, but the "American Institute" is wrong. It is quite possible that Hahnemann used *both* words at different times in his life, and, if so, one would expect that the *subjunctive* mood came first in the order of time. Soon after the discovery of his law he would naturally use the subjunctive, for as yet he would not be certain as to whether it was of universal application, a natural law in therapeutics, or merely a useful rule or mode of practice. This state of mind is well expressed by the subjunctive, for when *it* makes a statement it does so in a hesitating

and uncertain manner. But as time went on and he became more and more convinced that this "rule" was indeed a law of nature, he would drop the subjunctive and use the indicative. In matters of this sort the mode of evolution is from the subjunctive to the indicative.

On March 22nd, 1902, an American Professor, a Dr. Wm. E. Quine, delivered a lecture to the students of the College of Physicians and Surgeons, the subject being "The Teachings and Influence of Samuel Hahnemann." This lecture contains rather more than the usual amount of misunderstanding and misrepresentation to be expected in such productions, but one point deserves our most careful consideration. He says: "Undoubtedly many homœopaths still believe that there is an important element of truth in the proposition that 'like cures like'; but there isn't one in the world who doesn't repudiate and disown the claim to universality and infallibility every day of his life, by employing measures and methods of treatment which are in conflict with it. This process of repudiation has been going on for many years, and less than two years ago it culminated in concerted action. At the annual meeting of the 'American Institute of Homœopathy,' the largest body of homœopaths in the world, in Atlantic City, in 1899, it was decided by vote to change the battle-cry of the alleged followers of Hahnemann in consonance with their convictions as to the facts of science. This change was made by artfully substituting the letter *e* for the letter *a* in the second syllable of the word *curantur*, so as to make it "*similia similibus curentur*." Hahnemann thundered forth 'like cures like,' but his pretended followers of to-day lisp bashfully 'like may cure like.' Nobody can object to that proposition. I accept it cordially."

It is well, gentlemen, to learn from our enemies. In reference to this extract Dr. H. C. Allen remarks: "His 'pretended followers,' however, carried the resolution by a small majority, and very few of those who profess to follow Hahnemann's practice were in favour of the change."

In this one seems to hear a far away echo of the Church's first Œcumenical Council held at Niceæ in 325 A.D. This council was summoned by the Emperor Constantine the Great (for shortly before this the Church and State had united) in order to quell for ever the great Arian heresy. At this council the famous word *ὁμολόγησιον* was introduced

into the creed, affirming that the Son was of the very *same* substance or essence with the Father; whereas Arius maintained that he was of a *different* or alien substance or essence (*ὁμοιούσιον*). The difference in the two words seems small, but the use of the diphthong was equivalent to the denial of the real Godhead, and consequent Divinity, of the Son. Gibbon, while admiring Athanasius, yet sneers at the fuss he made over a diphthong. The semi-pagan Emperor Constantine himself was much of the same opinion, for he described the controversy as arising out of foolish speculation on an insignificant matter. With the Church *ὁμοούσιον* gained the day; with us *ὁμοιούσιον* is victorious—or rather *ὁμοιπαθής*.

(6.) Surgery, also, is outside my province. I may point out, however, that for our purpose we should divide surgery into two great divisions:—

(a.) *Surgical accidents*, e.g., fractures, strangulated hernia, etc. Here, of course, there can be no question about the surgeon being supreme, though in many cases medicines will render most valuable assistance to him, and often prevent fatal or at least unpleasant results, e.g., aconite in “catheter fever.”

(b.) *Surgical diseases*, e.g., diseases of glands and bones, malignant tumours, etc. It is in this division that difference of opinion is likely to arise as to knife *versus* medicine. The only way I can see of settling the difficulty is for both the physician and the surgeon to face the question in a fair, square, and honest manner, without thought of pecuniary gain or loss: the question, namely, *not* what is the best that *I* can do for this patient, but what is the best that *can* be done for him, no matter by whom, or whether by medicine or surgery.

Such are some of the points which, though exceedingly interesting and important, do not bear directly on the question “Why does the indicated remedy sometimes fail to act?” I have little doubt but that all these questions have been or will be discussed in the course of these lectures by men better qualified to deal with them than I am.

I am afraid some of you will be thinking that if all the aforementioned subjects are to be excluded, what is there left to discuss? Perhaps, also, on account of this long introduction you will be inclined to accuse me of adopting a subterfuge sometimes adopted by young probationers,

or ministers, in Scotland, viz., of making a very long *prayer* in order to avoid the necessity of making a long sermon—a subterfuge which avails them nought, for the hard-headed theologians in the pews see through the artifice at once, and resent it accordingly. It would be a breach of etiquette on their part to discuss the prayer, for presumably it was not addressed to them, but the sermon is another matter, and to rob them of their due in this respect makes the delinquent run a considerable chance of becoming a “*stickit minister*.”

I propose now to discuss our question as to the failure of the indicated remedy under the two great heads of : (A) Heredity ; (B) Environment.

Heredity is a term used by the biologist ; it may also be described as “parental influences,” though I think the biological term is preferable to the biographical so far as our purpose is concerned.

By *environment* is meant external circumstances and surroundings, and the influence they severally and in combination exert, e.g., schools and schoolmasters, neighbours, home, pecuniary circumstances, scenery, as well as the political and religious atmosphere. We must also include atmospheric influences, as well as errors of diet, a chill, violent bodily or mental exertion, an injury, mental emotions, such as fright, grief, care, or vexation. The doctor himself also must be included in the environment !

Charles Darwin, following Weismann, long ago pointed out that these two universal factors are the two main factors in all evolution. They are the master-influences of the organic world, and have made all of us what we are, and are to-day ceaselessly playing on all our lives. If we are to be successful healers of the sick we must understand these master-influences, for they meet us at every turn, and most of our failures are due to a neglect of them. No prescription will be perfect unless they are taken into account. We may, it is true, select a remedy that covers *all* the symptoms, even the most peculiar and uncommon ones, but it will *not* be the “indicated remedy” unless we have also taken into account both Heredity (with a big H) and Environment, but especially Heredity. It is no doubt difficult to decide how much to allow for each, how to regulate our new forces (drugs), and how to re-adjust the old, so as to restore that discord or disorder

which we call "disease" into the harmony of perfect correspondence, which is perfect life.

I foresee that it will be most difficult or even impossible for me to keep these two great divisions apart, for they act and react upon each other in a most bewildering manner. I trust, therefore, that you will pardon any lapses in that direction. First, then, as to

A. *Heredity*.—The gifted author of *Evil and Evolution* says: "It may be that there can be no perfect child without a perfect ancestry of indefinite extension backwards. And remember that a 'perfect ancestry' does not mean merely a *single line* of ancestors. It means a network of ancestors every one of whom must have been capable of bequeathing every faculty of heart and brain and body quite unimpaired, quite faultless.

"This child we are considering had two parents. Those parents derived their constitution from four others, who in their turn were dependent on eight parents. Thus, going back only to the third generation, there were fourteen people whose physical, mental, and moral characteristics must have affected that child's personality; and if we take in the fourth generation, there will have been thirty people, every one of whom, perhaps, must have been perfect before that ideal child could appear. Look around your own circle of acquaintances, and consider how many of them are qualified in health, and heart, and intellect to become the progenitors of such a child. The law of heredity is, I suppose, as indisputable as the law of gravitation. It may be that it is counteracted to some extent by that mysterious recuperative force in nature which is always making for health and soundness; but, apart from this, the law of heredity is inexorable, and, for aught I or anybody else can tell, the health and vigour, the capability and beauty of the youngest and healthiest child among us at the present moment may be qualified by the follies and vices, the diseases, and misfortunes of progenitors innumerable generations ago."

From this we can gain some idea of the extraordinary influence of this far-reaching law of heredity, and the difficulties that we as physicians have to contend with in our attempts to eradicate its evil tendency. Now this law, otherwise inexorable, may be counteracted to some extent in at least three ways:—

(1). By modifications in the environment (see later).

(2). By immunization effected by nature, without the physician's interference. Some writers believe that the difference in different countries in regard to the prevalence of tuberculosis, depends on the degree of infection of previous generations, so that the more infected countries (i.e., the more civilized countries) have acquired some immunity against tuberculosis. Be this as it may, there certainly is a power in nature that is always making for health and soundness, as witness the spontaneously healed lung cavities, calcified mesenteric glands, and anchylosed tuberculous joints.

In such cases the tissues do not afford such a suitable environment as formerly for the growth of the tubercle bacilli. I do not think, however, that such immunization is very marked in tuberculosis, probably because :—

(a.) There seems to be good reason for supposing that the so-called tubercle bacilli are not bacilli at all, "but a parasitic growth-form of a pleomorphic mould, and that it belongs to the same natural group as the actinomyces" (*Harben Lectures* for 1903).

(b.) Because environment plays such an important rôle in its origin and development. It is, I believe, a far more important factor than heredity in this particular affection.

It has been suggested also that syphilis is not so serious a disease now as formerly, because by the infection of previous generations the present generation has acquired some immunity against syphilis. That this is true to a certain extent I have not the least doubt, but it is not the whole truth ; for environment, in the guise of the surgeon, has had also something to do with it, since the treatment of the disease has undergone considerable modification in recent years, more especially in regard to the size of the dose and its frequency of administration—a small dose frequently administered being, I believe, the order of the day. At the same time the immunization theory can account for a good deal, as witness the very fatal character of syphilis when first introduced into a perfectly new soil. The same is probably true about other specific infective diseases, such as gonorrhœa, measles, etc.

(3). The effects of heredity can also be counteracted to some extent by intentional interference on the part of the physician, i.e., by means of appropriate medicines. By this means we are able to change the course of the "ontogenetic directive force" into a more favourable

channel. This we attempt to do every day in the treatment of chronic diseases, but it could be done most effectively during the course of intra-uterine existence.

M. Michel Linz thus defines heredity in relation to disease*: "By hereditariness we understand not the disease itself which the parents have presented, but the disposition to contract it: it is a tendency of the organism to realize, according to the opportunity of age, with the concurrence of exciting causes, the morbid affection, whose principle or virtuality has been communicated to it in the very act of fecundation."

You will observe that both heredity and environment are emphasized in the foregoing definition.

Some two or three years ago the following remarkable statement—remarkable because made by an allopathic authority—appeared in the *Lancet*: "Until fifty or sixty years ago disease was regarded as an entity distinct from the body, to be expelled from it by drugs like a tapeworm, whereas we now regard it as a *state* affecting the entire man, body and mind, structure and function, so that it would be more correct to say that he *is* the disease than that he has got it."

I believe also that the late Sir Andrew Clark said: "For disease in its primary condition and intimate nature is, in strict language, dynamic; it precedes, underlies, evolves, determines, embraces, transcends, and rules the anatomical state." Dr. Clifford Allbutt writes in a similar strain "mere observation of disease, and morbid anatomy" he says, "have taken us almost as far as these means can do. . . . We must track our morbid processes in their earliest dynamic initiation so as to arrest them at these stages."—*Brit. Med. Journ.*, October 6th, 1900.

Now all these quotations confirm in a remarkable manner the teaching of Hahnemann.

I suppose you all know about Hahnemann's famous *psora-theory* of the origin of chronic diseases. He believed that there were three chronic miasms, whence all, or nearly all, chronic diseases are derived. These were:—

(1). Syphilis.

* Quoted from Dr. Dudgeon in Lecture x. of his "Lectures on the Theory and Practice of Homœopathy," 1854. I trust our Society will see its way to re-publish at an early date, this valuable book, while our old friend is still with us.

(2). Sycosis, or fig-wart disease, originating in gonorrhœa.

(3). Psora, the disease which has the itch-eruption for its local manifestation, and from which the greater number of chronic diseases arise. It seems to be a fact that the disease we now call "scabies" was much more common in Hahnemann's day than ours. It was for this reason that it used to be said that the Devil would not shake hands with a Scotsman, and I think he would have thought twice before shaking hands with a German—a fact for which both nations should have been profoundly thankful. I will not weary you with a detailed account of this famous theory: you will find it fully discussed in Lectures IX and X of Dr. Dudgeon's *Lectures* already referred to. I may, however, quote the "postulates" there enumerated:

(1). That seven-eighths of all chronic diseases are the consequence of an infection with a skin disease that has been driven off or removed by external treatment.

(2). That this skin disease is identical with what we call itch, though it presents itself under many different forms.

(3). That every infectious chronic skin disease is scabies or a degeneration of it.

(4). That none of these seven-eighths of all chronic diseases are curable save by the use of anti-psoric medicines introduced by Hahnemann.

(5). The itch and all its varieties are only safely curable by internal remedies, and that their treatment by external remedies is fraught with the greatest danger to the patient.

In the short paper I read at our last Congress I said: "The 'heredity' of the evolutionist is merely Hahnemann's doctrine of chronic diseases in a modern dress, but the *essential idea* in both cases is the same." It is possible, however, that I did not quite represent the true facts of the case; that is rather how *we* represent it to-day, and is no doubt the way in which Hahnemann would have represented it had he been alive. It is certainly what he was "feeling after" when he elaborated his doctrine of chronic diseases, though he distinctly alleges that every person affected with a non-venereal chronic disease must at one period of his life have had the itch, however slightly; he thereby no doubt failed to lay sufficient stress on the doctrine of heredity, though he paid marvellous attention to "environment." Still I maintain that the *essential idea* is there, though its garb may be fantastic.

The modern doctrine of heredity lies implicit in his teaching, though not explicitly stated in so many words; after all the great function of language is to convey *ideas*, and not merely to form the necessary material for the grammarian and the philologist.

Strip Hahnemann's "psora" of this 100-year-old fantastic garb, dissociate it from its reputed uniform dependence upon the "itch" (as we know that disease), and we have what Mr. Hutchinson calls the "dartrous diathesis," in his lectures on "Rare diseases of the skin." There can be no doubt also that the "psora" of Hahnemann includes what we to-day call the "scrofulous diathesis" and all that that term includes. In translating his ideas into modern language and giving them a modern dress, we must not be led astray by superficial vagaries, but look beneath the surface. If we do this we will find that they are absolutely true and of the utmost importance in enabling us to choose *the* indicated remedy.

We are apt to make merry over the theories of the past, especially at the oft-times strange clothes made to encase them, neglecting altogether the underlying *idea*. The theological doctrine of "original sin" is merely another name for "heredity."

That secondary diseases of important internal organs frequently arise from the suppression of skin eruptions by external applications, I do not think that there can be any reasonable doubt. I know Hebra laughed at this notion, and so did my old teacher, Allan Jamieson, at Edinburgh. But it is true all the same. Further, not only does it injure the person affected, but it produces a constitutional trait which is capable of being transmitted to succeeding generations, and that indeed is the serious part of the question. This is an instance of how the environment of patients (in the shape of their medical attendant) affects heredity.

Notwithstanding all the faults that can be urged against Hahnemann's theory of chronic diseases, it has been of immense service to homœopathic practice. In the first place it was the means of adding a wealth of new remedies of a wide sphere of action, and has exalted *sulphur* from the dunghill of the allopathic materia medica, to be the "King of remedies." In the second place it has taught us to enquire more minutely into the antecedents of disease, and not to be content with a medicine that merely "covers"

all the symptoms of any given case, but to attempt to get the *indicated* remedy, indicated in the most complete sense of the term, one that "covers" the past as well as the present.

If Hahnemann made himself independent of heredity, the bacteriologists of the present day, e.g., Koch, Cornet, Baumgarten and Behring, are in danger of falling into the same error (and with less excuse) of making themselves independent of tissue predisposition and crediting everything to bacteria. Both factors are necessary—a tissue predisposition, congenital or acquired, and a suitable environment. Without the former (a tissue predisposition) one may, metaphorically speaking, wade through rivers of infection, and swallow cart-loads of infectious bacteria without being a farthing the worse. The infection, or the microbes, come to us, but find nothing in us on which they can live—nothing on which they can get a hold, and hence they are quite powerless to harm us. But let any of us be worn out with fatigue, or exhausted from want of food, and then expose ourselves to infection, the chances are we shall catch it. Never therefore visit a fever hospital or a fever-infected "slum" without being well-rested and well-fed. The same is true of *fear*: fear seems to produce some substance, or some tissue predisposition, in which infection can find a suitable nidus for its growth and development. Look again at the effect of depressing circumstances, and how often fatal illnesses are caught at funerals.

Now tubercle bacilli can never be hereditarily transmitted, and yet consumption is markedly hereditary. But a child born of consumptive parents need not necessarily fall a victim to consumption. When such a child is born, its lungs to all intents and purposes are perfectly healthy as *tissues*, microscopically considered. But expose such a child to an environment suitable for the development of consumption it will fall a victim sooner, and the disease will progress more rapidly, than in one similarly exposed who is exempt from such parentage. Hence the one with the hereditary taint will have to select a special environment if he hopes to escape consumption, and this is what the "open air method" of treating consumption does and teaches the patients to do. The weak point about the method is that after some weeks or months in a sanatorium, the patient is thrown back again into the

old vicious environment. Further, such sanatoria must become centres of concentrated infection. What is wanted is to make every home a sanatorium. It is worse than useless to fight the bacilli alone; they are safe from direct attack because their habitat is absolutely non-vascular. The main hope of such a patient lies in a suitable environment. Another curious point about tuberculosis is its increased fatality at certain ages, e.g., 21, but especially 28. In many families child after child falls a victim to tuberculosis at the same age—a proof of the effect of hereditary predisposition.

In the Harben Lectures for 1903 the lecturer states: "From all the facts mentioned above, we are compelled to come to the conclusion that tuberculosis in its different forms, both acute tuberculosis and chronic consumption of the lungs, depends on the energetical relations between the tubercle bacilli and the predisposition of the body, and that the relative constancy of the disease depends on the constancy of the external conditions"—another proof, if that were needed, of the immense importance of a suitable environment for tuberculous patients, and that too, no matter what organ is affected, whether lungs, brain, intestines, bones and joints, supra-renal capsules, etc.

A curious phenomenon remains to be noticed. Many years ago Sir James Paget pointed out how that in many cases the consumption of one generation became the cancer of the next—a kind of transformation of type. Since that time the list has been greatly extended, for not only cancer, but diabetes, arthritis, heart diseases, etc., may take the place of tuberculosis in the next generation.

Reibmayr, referring to England, has remarked that there cancer and heart disease have increased nearly as much as tuberculosis has decreased, and has called this "transformed tuberculosis." If this be true, it may account for many obscure cases (obscure as to *cause*) of heart disease that meet us in daily practice, and cannot fail to have a very important bearing on the question of the medical treatment of these most intractable diseases. We can all no doubt re-call such cases in our practice. I have at present a case of obscure heart disease which I believe is a case of "transformed tuberculosis"; her sister died at 21 of the same disease, and my patient seems as if she is going to die at 28.

You must pardon me laying so much stress on what we

presume to be the scrofulous or tuberculous element in the "psora" of Hahnemann. I have done so because it meets us at every turn in our daily practice in some form or other; for it is not *one* diathesis, but rather a network of diatheses; or if we say it is *one*, then it is hydra-headed to a most marvellous degree.

Now, can I help you in any way to find the indicated remedy, further than by the general principles already laid down? I doubt it. You know, a nod is as good as a wink to a *blind* horse; but you are not blind, and you neither need the wink nor the nod. You will have noticed that I have assumed a kind of antithesis between "the remedy which best covers the *present* symptoms" and "*the* indicated remedy." By the latter phrase I mean the "remedy" that not only covers the *present* symptoms, but the past as well, and also takes into account the hereditary tendencies.

In the case-taking card used in the Buchanan Ward (Prof. Simpson's) at Edinburgh Royal Infirmary, some of you may remember that it consists of two main divisions, anamnesis and physical examination. Anamnesis is a curious word, and is taken directly from Plato (the Phædrus, I think), the Greek letters being simply changed into English ones, ἀνάμνησις, and means *recollection* in the fullest sense of that term. Plato used the word in connection with his theory of "reminiscence." He believed in a world of absolute forms and essences, beyond the reach of time and before time was. There the soul of every man that cometh into this world, had, in some earlier state of being in that celestial world, beheld these essences; but fallen to earth he has almost forgotten them, till perchance he suddenly sees in the passing crowd some beautiful face or figure, that instantly recalls the memory of some divine essence seen long ago. Plato had no difficulty about the Divine; for him the explanation of "the light which never was on sea or land" was easy enough. It was a memory of that celestial light in which the divine forms were once seen by the soul. This Platonic reminiscence seems but another aspect of heredity. The object we set eyes on wakes in us countless memories delivered to us by inheritance and stretching back to "the beginning"—excuse the "antinomy," a real one this time, for it is absolutely beyond the power of the human mind to conceive a "beginning." Our science

too admits of very real ἀνάμνησις. For Plato's "reminiscence" modern philosophers have substituted the "race memory," and for that *we* substitute "tissue memory"—that predisposition to disease delivered to us by inheritance, and stretching back in time how far we know not. This tissue memory, this predisposition of the tissues to disease, springs into life under the appropriate environment. You see therefore that our anamnesis is very real; for it not only includes what the *patient* *recollects* of his past life, but takes into account his progenitors as well.

I presume that some of you find the same difficulty that I do in assessing the value of individual symptoms, and therein, in my opinion, lies the great difficulty of the "totality of symptoms" method. One is met by the same difficulty in estimating the effects of heredity. Still it is our duty to face and overcome these difficulties. One point I would insist upon, viz., that it is *not* only in the treatment of chronic diseases that we must take heredity into account. It is just as important, and even more so, in the treatment of acute diseases, for here the time at our disposal is so much shorter, and the evil effects of heredity so much more disastrous unless counteracted. To show what I mean, let me instance two fairly common acute diseases—pleurisy and lobar pneumonia. I suppose that most of us in the early stage would give aconite, except in those cases where the patient cannot lie on the affected side, where bell. would probably be given. Now in most cases of acute pleurisy and pneumonia, the second medicine to give is not bry. or phos. but sulph. even though it may *not* be "the remedy which best covers the present symptoms." By this means you will in many cases promote complete resolution, and prevent many a case of empyema, and many a case of fibroid or other form of phthisis.

One Saturday morning some weeks ago I was sent for to see a little girl, aged 11 years. On examining her one had no difficulty in coming to the conclusion that it was a case of lobar pneumonia, though there was no rusty sputum (as is often the case in children). The lower lobe of the right lung was solid. On Monday night she had gone to bed as well as usual, but early on Tuesday morning there was a very well-marked rigor. It was one of those cases where the patient could not lie on the affected side, and curiously enough her mother had been giving her bell. for

some other reason. The left lung was quite free. Temp. 104.2°. The remedy which best covered her present symptoms was undoubtedly phos. This we gave, and waited for the *crisis* on Monday morning. On that morning the temp. had actually dropped between two and three degrees, and we left things to take their course, happy in the hope that next morning it would be normal. But as a matter of fact it was as high as ever, and on examining the chest we found that consolidation had commenced in the lower lobe of the left lung. It was therefore clear that phos., though it best covered the symptoms, was *not* "the indicated remedy," and so we stopped it, and gave sulph. fairly "high." Next morning she felt very much better, though the temperature was about the same, and on examination it was found that the disease had come to a standstill. The following morning the temp. was normal, and in four or five days more resolution was complete.

With respect to the other two sources of chronic diseases, *syphilis* and *sycosis*, I need say but little. Hahnemann says that sycosis is the rarest of the three great causes, but this I doubt. If it is to be regarded as a consequence of specific urethritis or gonorrhœa, it is far more disastrous in its results than syphilis. Indeed, compared with gonorrhœa, in the far-reaching character of its after effects, syphilis is a mere flea-bite. We have seen some reason for believing that syphilis has produced an immunization of the race, but I do not think that the same thing can be said for gonorrhœa. It is more disastrous than syphilis, both to the individual contracting it, and to the race, and is probably the source of innumerable chronic ailments, especially in women. We have heard of one famous physician who usually began the treatment of nearly one-half of his chronic cases with *Thuja* 30. Hahnemann also recommends nitric acid as an antisycotic, and the same medicine is, as you know, a great anti-syphilitic and antipsoric as well, and so attacks all the miasms.

B. Environment.—What heredity does for our patients is determined without either our consent or theirs. No man can choose his own parents. But in regard to environment it is quite different. A man can to some extent select his own environment, and it is his medical attendant's duty to advise him in reference to this selection, whether it be in regard to some special health resort, some particular

climate, or in matters of general hygiene, food and drink, etc. So great is our control over it that we can direct it in such a way that it can modify, undo, perpetuate or intensify the effects of hereditary influences within certain limits. In the organism lies the *principle* of life, but in the environment are the *conditions* of life. The scientific physician will make it his duty to balance inward pathogenic tendencies against purer influences acting from without. He will analyse the relation between the patient and his environment, with minute care, and will seize every opportunity to make a more and more perfect adjustment between the patient and his environment. This is one of the great duties—if not the very greatest—of the physician's life-work; and one can well understand the success of many celebrated physicians, who had all but lost faith in drugs as therapeutic agents. There are in the environment of every patient certain things which are directly or indirectly dangerous to life. Death is brought about by the failure of the organism to adjust itself to some change in its environment, and hence it follows that those organisms which are able to adjust themselves most readily and perfectly will live the longest. Hence it is that the most complex organisms are longest lived, as they are able to adjust themselves more perfectly and more frequently to changes of environment. Herbert Spencer writes, "It is manifest *a priori*, that since changes in the physical state of the environment, as also those mechanical actions and those variations of available food which occur in it, are liable to stop the processes going on in the organism; and since the adaptive changes in the organism have the effects of directly or indirectly counterbalancing these changes in the environment, it follows that the life of the organism will be short or long, low or high, according to the extent to which changes in the environment are met by corresponding changes in the organism. Allowing a margin for perturbations, the life will continue only while the correspondence continues; the completeness of the life will be proportionate to the completeness of the correspondence; and the life will be perfect only when the correspondence is perfect." Mr. Spencer himself was a living example of the truth of his teaching. It was only by a very careful adaptation between his organism and its environment that he was enabled to live so long.

A few pages further on in his "Principles of Biology," he writes: "Perfect correspondence would be perfect life, were there no changes in the environment but such as the organism had adapted changes to meet, and were it never to fail in the efficiency with which it met them, there would be eternal existence and eternal knowledge." Hence, imperfect correspondence must mean disease or death.

That wonderful man, the late Henry Drummond, pointed out that here, for the first time, we are in possession of a scientific definition of eternal life. This does not simply mean a prolonged existence, an eternal monotony, a blind and indefinite continuance of being. No! "*this is Life Eternal*"—*to know*. So said the Man of Nazareth, and so says Herbert Spencer.

Now in what ways may the environment be an obstacle to the action of "the indicated remedy"? It is almost unnecessary for me to tell you, because dozens of examples will come into your minds of their own accord. It is abundantly certain that if we neglect the environment, we are attempting the impossible task of making the half equal to the whole. Drugs are not all-sufficient, neither can a minute study and careful adaptation of the environment cure all diseases. To bewail our failures to heal the sick is right, but not remedial. Not only must we confess our sins, but we must also in future forsake them. The cause must be investigated as well as the result. The organism contains within itself only one-half of what is essential to life; the other half is contained in the environment. Perhaps the temptation to neglect the environment and trust everything to "the indicated remedy" is more likely to be felt and yielded to by those who, like myself, had a *sudden* conversion. After practically ten years continuous study in all the various branches of medicine and surgery, but especially surgery, at last I thought I might venture to go out and kill something. But homœopathy (hitherto unknown to me) met me at the very outset, and in a voice that would take no denial said, "Follow me," and the scales fell from my eyes and I *began* to see clearly. In the enthusiasm characteristic of the young convert, and the joy in the light that now illumined the field of therapeutics, I was in danger of forgetting the other half, and of being content to bask in this light alone. But this I trust has gradually corrected itself, and I would here insist most strongly on the

necessity of a full study of the environment as well as of the organism. Though we *are* homœopaths, we yet need common sense, ordinary foresight, and prudence in the management of our cases, especially in general practice.

At the same time few can believe more intensely than I do in the power of "the indicated remedy."

Specially important, as regards environment, is the treatment of all forms of tubercular diseases; witness, for example, the healed patches, so often met with in lungs in the *post-mortem* room, in cases that were never suspected of ever having been the victims of consumption. But we can help Nature in her efforts by the indicated remedy and an appropriate environment.

Take again the question of the feeding of infants and children. How often convulsions are due to nothing else but improper feeding. Correct this fault, and the "fits" will die a natural death. It is of no use to prescribe bell., nux, etc., and leave the dietary unchanged; and with an appropriate dietary bell. or any other drug will be unnecessary. Here I would contrast tuberculosis in child and adult. In the adult the lungs seem the "seat of election," whereas in the child the intestines are a favourite locality; and here the question of the sterilization of the milk in the case of hand-fed children comes—a most important part of the environment of a child's life. I suppose that most of us who have anything to do with infants and children frequently prescribe raw meat juice for them, following the example of Dr. Cheadle, who calls this "the most easily digested and restorative of all animal foods; the most valuable of all nitrogenous preparations for children." That may be quite true, but how can we be sure that we do not in this way introduce tubercle bacilli into the alimentary canal, which in due course may give rise to tubercular disease of the mesenteric glands?

Take again cases of over-lactation. The mother presents all the appearance of a rapid and fatal "decline," only you find that the lungs are sound. You also discover that she is suckling a child fifteen months old, and that for the sake of quiet, she lets the child lie beside her all night with her nipple in its mouth, and of course she gets up in the morning with as much stamina as a piece of chewed string. Make her wean her child, and all the untoward symptoms will disappear like snow in the sunshine; of

course we can assist matters by giving china, but she would get well without it. The same cause is often at the root of many cases of intractable facial neuralgia. It is quite useless in a case of this sort to expect the indicated remedy to cure, while we leave the patient exposed to this vicious environment.

Take neurasthenic cases—how intractable they often prove till we alter the vicious environment, and substitute for the worry of home life, an atmosphere of rest, seclusion, and super-alimentation. With such an environment the indicated remedy will act ; without it, it won't.

Again, pain at the angle of the right shoulder blade does not always indicate *chelidonium majus*. It is often present in poor women who sing the song of the shirt from Monday morning till Saturday night, for a pittance that will hardly keep body and soul together.

Look again at heart cases, and how much depends for their successful treatment on a proper study and adaptation of their environment, e.g., the various mechanical methods of treatment, and the effect of an extra hour or two's rest once a day. Rest in the recumbent posture diminishes the heart's labour by something like one-sixth. Then again, the effects of altitude in cases of heart derangement, and the effects of barometric alteration, are well worth careful study. In breathlessness from heart trouble, the patient is usually comforted by a *low* pillow ; in breathlessness from lung affections it is usually the reverse. Give "heart tonics" if you like, but you will find that careful attention to the environment will pay best, and the indicated remedy is of no use without it.

Persistent colds and bronchitis in young children often trouble one a good deal in practice, very often from one of two causes :—

(a). The mother will persist in washing the child's head too frequently. It is almost impossible to dry it thoroughly, and hence a certain amount of evaporation takes place from the scalp, and consequent loss of heat and a cold results.

(b). Another common cause is that mothers, even the best of them, will persist in keeping the child's legs and arms bare, even in the most inclement weather, and at the same time allow them to play about and crawl on the floor, where there is always a draught. I explain to mothers how badly young children can stand the loss of heat, and

ask them to try the same dress themselves and tell me how they like it. Mothers heap clothes on the child's *body*, where light coverings are not of so much importance, and leave arms and legs naked, where some sort of covering is vital. This they do, they say, with the intention of hardening them; so it does—hardens them stiff, as Mr. Dooley would say. Without correcting these details, the indicated remedy must be expected to fail.

Again, the patient must have *faith* in the doctor. A want of faith is equivalent to active hostility when we are dealing with rational beings, and no remedy, "indicated" or otherwise, will do any good. Faith does not cure, but to adapt a phrase used by the older Theologians, it places the patient in a state in which cure is most probable. Faith does not save the soul, they said, but it places it in a "salvable state." If you ever suspect that a patient has lost faith in you, then tell him or her so plainly, and offer to give up further attendance. By so doing, in nine cases out of ten, you lose your patient only to keep her. Faith acts in something the same way as fear in regard to infection. It is not an easy thing to thus give up your patient; but do it, and I'll guarantee you will not regret it.

Another fertile cause of failure is the presence of incurable disease; in fact when medicine after medicine fails I always begin to suspect the existence of some incurable malady, or that the patient is a drunkard, or that he is taking other drugs on the sly. Patients often take drugs on the sly, or may even occasionally pay a visit to the allopathic doctor next door. Then again, drink; we often talk as if consumption and cancer were the scourges *par excellence* of our race. But both these together are nothing like the scourge that drink is. It is very common, I regret to say, in Oxford, especially among the women. No remedy that I can choose does the least good in such cases.

Then, lastly, comes the doctor himself and his doings—allopathic more particularly—especially in relation to the local treatment of various skin diseases and gonorrhœa. Does the treatment of such affections by local applications alone "suppress" the disease rather than cure it? and if it is "suppressed" does this suppression result in a diathesis, a constitutional predisposition, which is handed down to the next generation, and so through all succeeding generations by hereditary descent? If this is so, what is the relation of these suppressions to our scourges,

cancer and tubercle : are they the direct result, or are they something quite apart from it ?

Then again comes vaccination. At first sight we, as homœopaths, should be the very last to cavil at the *theory* of vaccination. Nor do we ; but the question of the *practice* is another story, and the same applies to the various toxins and anti-toxins. Why should these substances be injected directly into the blood or lymph stream ? Because, some one may suggest, they would have no remedial effect given in any other way. Are you sure of this ? Our serpent venoms act rapidly enough, and lach. I believe to be one of the best preventives we have against diphtheria. Why should not the vaccine virus, anti-toxin, etc., act in the same way when given by the mouth ?

During the last two minutes I have asked a great many questions which I will not attempt to answer, but leave them to be threshed out by some one more competent to deal with them.

In conclusion, I would insist, as Plato did, that it is most necessary that first principles should be constantly reviewed, and if necessary be re-stated more in accordance with the spirit of the age, and the teachings of science, truly so called. I do not mean to say that we are to modify our teaching and practice simply to make them more palatable to "the many," but rather to interpret our facts and reconstruct our data in the light of fuller knowledge, and thus place truth in a clearer light. To shut our eyes to the necessity of doing this, or to refuse to do it, means that we shall be left behind, for if we resist progress we must disappear before it. Our science appeals to reason and must satisfy it, or else cease to live. The "survival of the fittest," here means that which most satisfies the needs of a science of therapeutics. We do not need to throw away the old *facts*, but only to represent them in a dress more fitted to their increased growth and development ; for unless there *is* increased growth and development, there must of necessity be degeneration and decay. The dress of 100 years ago is not the dress of to-day, though the man to be covered is the same. I have no doubt that once upon a time, you all looked remarkably beautiful (though it requires a monstrous amount of imagination to believe so, when one looks at you now), to one pair of eyes at least, in your first mysterious set of garments (commonly called long clothes, I believe) with

your abbreviated umbilical cords enveloped in a scorched rag, by way of "antiseptic precautions." It would be the height of absurdity to dress you in that way now, though the clothes you then wore fulfilled their functions just as perfectly as the clothes you now wear. The baby too, is just as perfect, in its way, as the full grown man; but a baby of 60 years old is a monstrosity, a teratological degradation; a baby of six months marvellously beautiful.

The outward form of Hahnemann's doctrines (i.e., the clothes with which he encased them) were part of his heritage; they belonged to their time and environment, but the great truths he taught have lost no particle of their power and validity, and are as true to-day as ever. All true knowledge is of the nature of Revelation, and like revelation it is progressive, though eternal. It grows and develops and needs to be presented frequently in fresh garments. The essential nature of the ideas to be clothed do not alter; it is only the mode of presentation that varies from generation to generation.

Do not be frightened at criticism, whether historical or textual (or as it is usually called the "higher" and the "lower"). According to the Hegelian logic, all progress and development proceeds by *conflict*. Criticism may be both destructive and constructive, and the necessary work of destructive criticism must precede any attempts at re-construction. Our dearly-loved and pet theories must be passed through the alembic, so that the pure truth may distil over. Truth cannot be formulated once for all; it needs to be recast in every age. Each view may be true, but no one view *alone* adequate. The *mechanical* theory of inspiration is all but dead. We must interpret by our *own* light and knowledge. The church, or sect, bound by the authority and tradition of the past, is non-progressive, cannot be otherwise indeed, and is bound to disappear.

At the present juncture we stand, like our theological brethren, at the end of a period when destructive criticism has done its worst (or its best), and we are looking eagerly forward to a period of reconstruction which I trust has dawned. If my lecture this afternoon has helped in any way to mark out the lines along which such re-construction must proceed, then it has fulfilled the intention of the lecturer. Our late dear friend and colleague, Dr. Hughes,

I sometimes think aimed at moulding us after the type of a church. But if that is the case our church must have no authoritative *priesthood*; no intermediary to stand between us and truth, to dictate what is to be believed and what is to be reprobated, what is truth and what is error. The fathers are ours to serve, not to obey; not to rule over us, but to be followed by us, in so far as they followed the truth. Let our church be that type of the reformed church represented by Zwingli, where each member is a priest; a republic of free men; free, because made free by truth.

CASE OF LARGE INTRA-LIGAMENTOUS MYOMA; OPERATION; RECOVERY.

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THE case narrated below is one of special interest in more ways than one. In the first place the clinical history and pathological anatomy of the case present many points of interest. Secondly, it was the first abdominal section performed at the recently opened Hahnemann Hospital in Bristol. Thirdly, it is seldom that a patient has to submit to two major operations in so short a space of time as in the present case.

History.—Miss K., aged 45, first came under observation at the end of August, 1903. She then complained of a hard lump about the size of a walnut at the outer edge of the left breast; she had noticed it first about two months previously, but it was now getting larger and was occasionally painful. The skin was slightly adherent to the tumour, but this was freely movable over the pectoral muscles. No enlarged glands could be felt in the axilla. On Oct. 7th the patient was admitted to the Hahnemann Hospital, Bristol; and on Oct. 8th the left breast with the tumour, the subjacent pectoral fascia, and the axillary fat and glands were removed in one mass. The tumour when incised proved a typical carcinoma. The wound healed by first intention, and the patient was discharged and went to a convalescent home on Oct. 25th.

An abdominal examination prior to the operation was by inadvertence omitted in this case ; but a few days after the operation the nurse remarked that the abdomen seemed very distended and hard, and on questioning the patient it appeared that gradual abdominal enlargement had been going on for five years, but being unaccompanied by other marked symptoms she simply thought she was "getting stout." The catamenia had always been regular, lasting five days, and rather profuse ; from Sept., 1902, to June, 1903, the periods had been attended by severe pain. On examination of the abdomen, there was evident enlargement, most marked in the hypogastric and lower umbilical regions ; the tumour was median in position, and had a rounded contour, the summit of it just reaching the level of the umbilicus. The swelling was firm in consistence, with a slight amount of elasticity, but there was no fluctuation or thrill. Over the swelling the percussion note was dull, but above and at the sides it was resonant. The growth was of about the same shape and size as the uterus in the sixth month of pregnancy, but it was decidedly firmer and more inelastic in consistence, though not so firm as a myoma usually feels. On vaginal examination the cervix was found rather high up, but nothing else abnormal was observed. On rectal examination there could be felt to the left and anteriorly the lower end of a rounded swelling having about the same curvature as a large orange. The tumour was regarded as being probably a multilocular ovarian cyst, or possibly a fibrocystic uterine tumour. The patient was advised to have another operation for the removal of the tumour after having had about three months to recuperate after the first operation.

At the convalescent home to which the patient went on Oct. 25th, she was allowed to do a lot of running up and downstairs and to take long walks, and after a few days the left thigh and leg began to swell and become painful, especially after walking. On Nov. 3rd she was readmitted to the hospital ; the left thigh and leg were then very much swollen, and pitted on pressure ; there was tenderness and a cord-like feeling in the position of the femoral vein, and the superficial veins of the foot and leg were very prominent ; the temperature was 99.8° , and during the next five days fluctuated between 99° and 102.4° . The condition was diagnosed as thrombosis of the external iliac and

femoral veins consequent on the pressure of the abdominal tumour, and excited by too vigorous exercise very soon after having been confined to bed. The treatment adopted was elevation of the thigh and leg on pillows, compresses of hamamelis lotion, and hamamelis 1x internally. In a few days the pain ceased and the swelling very much diminished, and on Nov. 12th the patient was discharged and went to stay with a friend, where she rested thoroughly for two weeks, and then began to walk again; she could do this without pain, but the left foot remained slightly swollen.

From about the beginning of December the patient took strychnine regularly until the operation in January.

On January 13th, 1904, she was again admitted to the Hahnemann Hospital. On January 16th Dr. Burford kindly came down from London, and the operation for the removal of the abdominal tumour was undertaken by Dr. Bodman with the co-operation of Dr. Burford; Dr. F. H. Bodman also assisted; Dr. T. D. Nicholson taking the post of anæsthetist and administering A.C.E. mixture.

Operation.—A four-inch incision was made in the middle line, beginning about two inches below the umbilicus. After dividing the transversalis fascia, several layers of areolar tissue were divided, but the peritoneum did not come into view. Seeing this, it was quickly realized that the tumour was extra-peritoneal and mainly solid, and that the wound was below the peritoneal reflection; the wound was therefore enlarged upwards, and eventually extended practically from below the ensiform cartilage to the pubes. The peritoneal cavity was thus opened, and the relations of the tumour were next ascertained. It was found to be situated between the layers of the left broad ligament, by which it was encapsuled, the uterus and bladder being pushed over to the right. There were one or two small myomata in the uterus. The tumour was then everted, and the intestines were kept in the abdomen by flat sponges and a temporary suture at the upper part of the wound. The capsule of the tumour was next divided around its equator, each section being first clamped with long-bladed Doyen's pressure forceps. After this the tumour was enucleated from the pelvic cellular tissue by passing the hand down between it and its capsule all round. In doing this a thick bundle of large blood vessels was encountered, entering the tumour

at its inner and lower part, and a smaller bundle at its outer side. The larger bundle was ligatured in two sections and divided, and the smaller bundle was tied with one ligature and cut. The tumour was then completely freed of its connections, and was lifted out of its cavity and removed. It was found to have a thick tongue-like process extending deeply into the pelvic cellular tissue on the left side.

The edges of the capsule of the tumour were then brought together by a continuous suture of chromicized catgut, except near the lower end of the wound, where an opening was left for drainage. The cut edges of the peritoneum were then approximated by a continuous chromic catgut suture, thus shutting off the peritoneal cavity from the cavity from which the tumour had been removed. The fascia was then sutured in the same way as the peritoneum, and the skin by a continuous silk suture. Before the lower end of the skin incision was closed, a gauze drain was passed to the bottom of the cavity from which the tumour had been removed, through the opening which had been left for this purpose. A dressing of iodoform gauze and absorbent wool was then applied, and secured by a many-tailed bandage.

By this time the operation had lasted about an hour and a half, and the patient was beginning to show signs of shock, the pulse being rapid and small and the extremities rather cold; so before removing her from the table two pints of saline fluid were introduced into the cellular tissue at the front and sides of the thorax. Also a rectal injection of one ounce of brandy in a pint of hot water was administered. As the result of these measures the pulse soon began to improve. Two hours later another similar rectal injection was given, and after this nutrient enemata were given every four hours.

After treatment. — Bell. 1x and merc. cor. 3x every 2 hours alt. During the first twelve hours, strychnine sulph., gr. $\frac{1}{60}$, was given hypodermically every two hours; during the next twenty-four hours every four hours, and after this three times a day for three or four days. Forty-eight hours after the operation the bowels were opened by an enema of olive oil and soap and water, and after this feeding by the mouth was commenced, beginning with a tablespoonful of peptonized milk every half-hour. During the first three days after the operation the highest tem-

perature was $99^{\circ}8'$, and the pulse ranged between 80 and 90. On Jan. 19th, three days after the operation, the wound was first dressed; there had been a good deal of serous oozing through the gauze drain, but the discharge was quite sweet and the wound looked healthy. A fresh and smaller gauze drain was introduced, and the wound dressed as before.

On Jan. 20th, four days after the operation, the temperature rose to $101^{\circ}6'$ and the pulse to 104, and the patient complained of a sharp pain in the upper abdomen and middle of the back, worse on deep inspiration and coughing; the pain frequently made her cry out, it was so sharp. On auscultation a dry friction sound was heard over the last two ribs on each side near the spine; so the symptoms were attributed to diaphragmatic pleurisy, possibly the result of exposure at the time of operation. Bry 2x was now given alternately with the belladonna. Two days later the temperature had dropped to normal, and the pain was much less acute, but it continued slightly for some days longer. On Jan. 20th menstruation came on and continued six days, being rather profuse for two or three days. The wound was dressed at intervals of a few days, and on Jan. 30th the gauze drain was discontinued. On Feb. 6th the skin sutures were removed, the wound having healed by first intention except where the gauze drain had been.

At the end of three weeks the patient was allowed to sit up in bed, and at the end of four weeks to get up a little every day, having been provided with an abdominal belt. She stayed in the hospital till six weeks after the operation, and then went to a convalescent home for a fortnight. When seen on March 31st she was quite well, and able to walk long distances, and was intending to return to her work in a few days.

Pathological notes.—It only remains to add a few remarks on the tumour that was removed. It was roughly spherical, with a short thick tongue-like projection at its lower part; its size was about that of the head of a three-year-old child. Its surface was studded with thin walled cysts ranging from the size of a small hen's egg downwards, and containing a clear watery fluid. The bulk of the tumour, however, was solid, but of rather a soft consistence, showing a white and rather granular surface on section. The weight of the tumour after being cut open

was seven pounds. A microscopic examination of a portion of the tumour was made at the Clinical Laboratory of University College, Bristol, and it was reported to be a fibromyoma undergoing mucoid degeneration.

REMARKS BY DR. BURFORD.

This was one of those cases where it was practicable to save the uterus; and the recurrence of menstruation during convalescence shows how satisfactorily this was done.

The operation was one of complexity and magnitude; the enucleation was satisfactorily effected without injury to any important structure, and the healing of so voluminous a cavity by first intention shows how thoroughly aseptic was the whole course of the operation.

The collapse after so much enucleation was quickly and satisfactorily met by the transfusion measures adopted.

Dr. Hervey Bodman, the principal, and Dr. F. H. Bodman in the capacity of assistant, deserve the utmost credit for the thoroughness with which preparations were made, no less than for the readiness and skill displayed during the operation. Nor was the anæsthetic, ably administered by Dr. Nicholson, even once a matter of the least perturbation. This is saying much for an hour and a half's etherization.

Finally, the equipment of the Hahnemann Hospital was thoroughly tried during this prolonged and serious operation, and stood the strain splendidly.

TOPICAL, MENTAL, AND SOCIAL ASPECTS OF BRAIN FUNCTION, ILLUSTRATED BY CASES OF DISEASE.

By GILES F. GOLDSBROUGH, M.D.,

Physician for Diseases of the Nervous System to the London Homœopathic Hospital. Member of the Aristotelian Society for the Systematic Study of Philosophy.

(Continued from p. 290.)

IN the experience of will there appear three distinct features. First, a presentation of the ideal with its emotional or inspiring tone. From the point of view of experience this is a negative aspect of the consciousness of will, and in making effort forms part of the resistance to be overcome. If will were predominantly ideal no

complete action would ensue. Associated with the ideal, also of a negative or presentative character, is the feeling of effort, experienced first in forming a decision to act so-and-so, and, second, in overcoming mechanical resistance in voluntary movement. Both ideal and effort are negative features inseparable from the experience of will.

Part of effort is experienced in ideal and part in the performance of the act, which latter consists also in part of the ideal presentation in reference to or in relation with which will is exercised. In the course of the exercise of will between the ideal presentation and emotional tone inspiring the act, including effort in coming to a decision, *and* the performance of the act, the latter including the effort of the performance and the ideal presentation associated with the latter, there is experienced an interval of volume or vacancy in which no ideal presentation or consciousness can be isolated. This is the third and, from the point of view of experience, the positive feature of will. It might be described as the conscious interval between decision and performance, but as far as the interval is concerned it does not consist of consciousness, but of interval between ideal and effort, and effort and performance. Inasmuch as both ideal and effort and effort and performance may be described as attributes of consciousness independent of will, in the act of will comprising all these the interval between these attributes as relatively contrasted qualities or attributes may be described as the essential feature of will. It is the determining feature which makes the whole experience of ideal and effort, and effort and performance, a complete act of will. It is quite true that in common acts of volition, ordinary voluntary acts as they might be termed, the interval between ideal and performance does not always present itself to consciousness as interval between effort and effort; and in all cases all the features shade imperceptibly through from one to the other. Decision and performance can be accomplished, and perhaps in the majority of voluntary acts are accomplished, without attention being paid to an interval. But in deliberate acts to which attention is paid, and which are professedly acts of will, and in relation to which what are termed voluntary acts independently of deliberation are so termed as allied to acts of will, the slightest attention paid to the act during the act seems to afford a consciousness of

interval between decision and performance, such consciousness of interval seeming to occur independently of attention paid to it. Only conscious acts of will are at present being considered, as these alone can be definitely termed voluntary acts related to consciousness.

It will not be difficult to obtain assent to the statement that deliberation, decision, and action are the highest marks of personality. Consciously as experience, will consists of all these, but the distinguishing feature in such consciousness is the transition, or occurrence as interval of whatever duration or space content it may be held to consist between deliberation and decision linked together *and* action. It is this interval as occurrence which really distinguishes an act of will by me as my act from your acts of will, which to me do not possess this interval, but which, if known to you as your acts, must of necessity possess it.

Now what it is wished here to suggest in relation to these features is, that the feeling of effort, *plus* the interval between effort as decision and effort in action as the essential feature of will, and conscious personal or individual experience, has its localization in the brain as union within and between the volitional motor centres or areas. According to latest views there are two elements in consciousness thus viewed as the function of these areas—a sensory or feeling element, and a motor or active element. Current views on the function of the motor areas attribute in a limited sense both these elements to the same areas, and term them sensori motor, kinæsthetic or somæsthetic areas. How far the presentation or representation of general bodily sensation is to be referred to these areas may well be a matter for discussion. Such sensation has to be distinguished as general cutaneous sensation, tactile sensation, or discrimination of cutaneous points and surfaces, heat, cold, and pain. But in addition there is conveyed to consciousness a feeling of internal weight or massiveness of the body which is noticeable when the whole body is moved, or relatively its parts, and which seems to add to the feeling of effort in acts of volition. This sensation is referred by physiologists to the muscles, articular surfaces, and bones in their spatial content. And it is this latter sensation which in its general presentation and in detail as concurrent with special voluntary effort, is to be referred

to the motor areas for its localization. In conscious experience as a whole, and in general, no discrimination is made between general cutaneous sensation and general bodily sensation; but without doubt they have a different representation in the brain, cutaneous and tactile sensation being referred, probably, to the parietal regions of the cortex and of the gyrus fornicatus, on the mesial surface, while somæsthetic sensation is referred to the pre-central or Rolandic area. In forming a conception of will as the central fact of personality, this latter or somæsthetic sensation comes after the interval of unconsciousness between ideal presentation and decision and the performance of the volitional acts, whereas cutaneous, tactile, heat, cold, pain sensations may be considered as prior in the order of experience, and part of the pre-volitional presentation content. In a discussion of nervous function physiologists speak of a law of forward direction¹ in which conduction invariably proceeds. In attempting a description of personal consciousness this same conception may be adopted for the order of experience in will. The forward direction of all will is sensation, presentation of all or any kind, effort, decision, interval, effort, somæsthetic sensation; a former division up to the point of conclusion of the decision belonging to the *sensory and ideational areas* of the brain, and a latter division, including effort to arrive at decision, the interval, effort in accomplishment, and somæsthetic sensation, to the *motor areas*. At this point it may be noticed that the interval of unconsciousness in complex acts of will may be said to include the so-called automatic acts which are known to be necessary to be included in such complex acts of will as, for example, the acts of speaking or writing, when thought is concentrated upon the subject spoken of or written about; or when the *soul* or emotion of an artist is concentrated upon the conception of his picture, or of the pianist upon emotional expression of a piece of music, no thought being given for the moment to so-called voluntary movements. Only when a line or a movement is made in mistake and appear as out of harmony with the general conception, attention is given and the decision of will is made in reference to execution. That the feeling of effort is present in relatively automatic movements may be illustrated

¹ See Sherrington's article quoted on p. 284.

by the conscious difference between a representation of those movements and their actual accomplishment. In complex conscious acts which involve automatic movements, although relatively automatic, the grosser adjustments are presented to consciousness as associated with time, place, circumstance, etc., the conditions under which the actions were performed, and these are remembered not merely as actions done, but as actions done and having included whatever was automatic in them. Where does this inclusion come in, but in the interval between ideal presentation and effort and somæsthetic sensation recognized as a completion of the act? Further, the whole conscious process of will in its exercise in the order of experience of features is accompanied by memory, the order being remembered in the time relation as well as with a memory of the time relation in which the order occurred; and it is this crowning fact which gives definiteness and precision to personal experience and will as involving the above described features. Action done is remembered as having been done by the person who willed it to be done, and as having been willed by him. All stages of the process can be recalled if attention is directed to them. It is through memory that complex acts of will can be sustained and executed as continuous single acts, and no description of will is complete without an admission that memory is involved in every truly voluntary act, as distinguished from simple reflex acts which can be conceived to take place apart from consciousness altogether. But what is the significance of this in regard to correlation? Simply this. We have noted that memory is an accompaniment of all sensory presentation, as well as of association, unification, and representation. And if memory is also an accompaniment of all will, including motor action, effort, and results in attention, speech, and bodily movement, it has to be concluded that memory is a function of the whole area of the cerebral cortex. Indeed, from the physiologically psychological point of view, admitting that the ultimate nature of memory can be known only through knowledge of a higher kind than the objectively scientific, and that as a fact of reproduction in the highest mental sense, as belonging to all brain function, the possession of memory intact objectively as including what is remembered is *equivalent to consciousness as a whole*, a concurrent function of all other phases

of function considered separately or together. Thus every mental event, from the objectively psychological as well as from the introspective point of view, possesses two aspects, subjectively as presentation or consciousness of something, and objectively as presentation as reproduction, presentation in each case being complex and consisting of process, feeling expressed in language and language expressed in feeling, and no mental fact can be regarded as an objectively scientific fact unless it contains these two elements united. For the purposes of psychology a mental event cannot be regarded as complete unless both these elements are included in it.

It is in this way that memory as mental reproduction in general may, from the objectively scientific point of view, be regarded as the correlative of consciousness from the introspective or experimental point of view. What I am now conscious of and present to my readers in the form of symbol as language or logical proposition, or as voluntary movement, my readers (or *vice versa*), from their outside and objective point of view, may regard as an illustration of memory in its positive side as reproduction in time of speech or voluntary action as presentation to them, the latter being objectively and psychologically the correlation of my conscious experience and realization of action subjectively.

The anatomical basis of this process is the cerebral cortex, the function of which is reproduction, either as consciousness or memory having a content, both being aspects of reproduction, as presentation, association, unification, representation, with feeling tone. The effort at correlation is an attempt to delimit this process in detail as proceeding from cerebral areas. The logical processes of judging of correlation, or of inference relating to psychological relations with the anatomical basis, consists of mental event as an occurrence to immediate experience, experience being held to include anatomical basis, psychological process, and logical judgment, and to be regarded as the final realm and goal of knowledge of the mind or psychology.

A remark in this connection will not be out of place relating to the functional relationship of the neuron systems. In regarding memory as a whole, as positive mental reproduction or personal consciousness as a whole, together with volitional action as uniting both

the elements of feeling and action, it becomes impossible to regard the concept of the neuron as a functional unit for mental action. As morphological units the neurons (nerve cell, dendrites, axones, collaterals) are true units. As trophic units they may, probably, be true units, but functionally no neuron or system of neurons in the cerebral cortex conveys an adequate conception of function which research is obliged to attribute to the cortex as a whole or certain areas thereof. True functional unity for the present attaches only to the whole cerebral cortex as the organ of mind. Certain areas serve for certain aspects of function, but functional unity can be conceived to belong to nothing less than all these areas and their connections in organized union with each other. The structural organization consists of cells with their dendrites, axones, and collaterals on the neuron plan supported by the delicate connective network of neuroglia and supplied with blood and lymph from membranes and lymph channels. The most important conception that can be applied to the neuron or systems of them is that of excitability, the active stage of mind compared to quiescence or the resting-stage. Excitement issues subjectively in feeling, as presentation, association, unification, or volitional action, and objectively as speech presentation as an illustration of memory, and motor discharge. It is impossible to imagine the changes which take place in the neuron systems which are the correlative of these various phases of function. All that can be said is that the excitement of some in certain areas is presentation; of some, association and unification; and some, volition and so forth; true functional union consisting in union of the whole, and issue as various mental events, all events appearing in greater or less degree as double events.

But in thinking much interest attaches to one phase of function which has not been mentioned yet, namely, that of attention. If the cortical area of the frontal lobes be regarded as the area for intellection from the point of view of volition, this area may be also regarded as the attention area, as attention is the precedent or accompaniment of all true thinking. But from the physiological side the process of attention is very difficult to think of. The only evidence of it seems to be motor adjustment for sight, hearing, or

some other sense. Motor adjustment within the brain cannot be discovered physiologically, but as attention consists in some sense as motor adjustment, such a fact must take place. From the side of experience attention is either inhibition of certain areas, when others are set free to respond to the excitement of stimulation, or it consists of the actual stimulus to function, as in the voluntary conduct of a train of thought. Thus in relation to actual positive thinking, such as voluntary presentation, association, unification, and representation, attention is to be regarded as a negative state, although the process of attention may be accompanied by a very positive feeling of effort. This negative state may be conceived structurally as a contact-breaking between the axones of the motor area neurons and the dendrites of others, so that the requisite excitement of the other necessary neuron system may issue. It may readily be conceived that directly contact becomes sufficiently broken, a greater excitement in other neurons might issue, which, especially in direct thinking, may be thought of as occurring in the frontal lobes, the neurons in those lobes being united or contact-broken in various directions, so as to give rise to the process of thought and expression in silent, spoken, or written thought. The process of thinking implies spontaneity rather than direct volition in the case of thinking, consisting of attention as a negative attitude to spontaneity. Let attention be directed to the operation of thinking, thinking will thereby very probably be inhibited; but if attention be fixed on the possibility of unification in a certain field of presentation, by means of selection or association, the spontaneity of thinking will more likely issue. In this sense the unification area of neurons can be said to have attention as part of their function on its active side, but as negative or contact-broken states on their part, and thinking and unification as the reproductive result of their function.

In this connection also some remarks may be made as to the function of the neuroglia as the supporting tissue of the neuron systems. In all mental operations, up to the finest distinctions of knowledge or conscious thought, definiteness or distinctness is characteristic of every phase; the essential element in all such function being something positive, presentational, or other; but between separate presentations and between all other phases of function

in volume or detail, there is distinctness or interruption of which consciousness is not aware, except as such between presentation or other function. To effect and, when necessary, to maintain distinctness may be the function of the neuroglia. Attention in fine detail may be described as the volitional factor in maintaining distinction, and it may be effected through the neuroglia. The neuroglia is known to be closely allied to nervous tissue in bioplasmic character. It is developed as differentiation of nervous tissue from the same blastodermic layer, the epiblast. To the neuroglia cannot be attributed the positively excitable and reproductive functions of the nervous substance, but as supporting tissue of a highly organized kind in intimate union with the neuron systems it must possess bioplasmic excitability of some kind, and it appears possible that its function may be the contact-breaking function as well as a supporting function, as the greatest variety of distinctions are needful and take place in mental function. The most natural supposition is that by contrast to the sensory and motor and other functions of various area, it is by changes in the neuroglia attention in volume and distinctness in mental action are maintained, when once the fine excitation or productiveness has been aroused. This view of the function of the neuroglia is borne out by the effects on function of morbid connective tissue new growth in sclerosis, the first manifest functional evidence of which lack distinction in various phases of sensation, movement, or co-ordination.

In this connection it is needful to draw attention to a distinction between consciousness as predominantly volitional action united with feeling tone as presentation, and the experience of self-consciousness. The latter is to be regarded as a phase only of consciousness as a whole, or memory, and as a certain intensification of feeling tone united with the idea of personal identity as presentation. Consciousness as a whole as predominantly volitional action, with memory as a whole, is always feeling tone as a whole, recognized as visual, auditory, or general bodily feeling, massive rather than particular or detailed in quality. Added to this there is usually a pain or pleasure tone, although either or both of these may be absent. But the consciousness of self-consciousness partakes of one of two things: Either, first, the feeling tone of general bodily sensation, with or without either pain or pleasure,

intensified and presented as united with and accompanying the ideal presentation of self as language or speech presentation; or, second, a similar consciousness from intense mental application in thinking. Consciousness as feeling tone or volitional action is thus not necessarily self-consciousness. The latter is an intensification of some features of the former. Feeling tone can be described as mine consciously through the ideal concept of personal identity. Volitional action can be described as mine consciously through the continuous experience of the action as in union with the ideal concept of personal identity, but neither of these aspects of consciousness imply self-consciousness necessarily. It is the added intensified general bodily feeling as pleasure or pain represented in the brain or in unifying thought through intense mental application, which affords the experience of self-consciousness, and not necessarily consciousness as feeling tone, memory, and volitional action. The importance of this distinction will become apparent when the next and following cases are considered, as also will the importance of regarding volitional action as the normal element in the consciousness of personality. The case cited (p. 281) above does not suggest the significance of these features, but it points to their distinction.

In the light of the foregoing remarks on correlation, it may be pointed out that in the case on which they were based, as an illustration of traumatism of the frontal lobes, consciousness and memory were damaged in the phases of function pertaining to those lobes, but not in others, and thus consciousness and memory of self as personal identity were retained, and fell short only on effort to attend and execute intellectual operations. All sensory areas could be concluded to be normal, also volitional areas, representing the interval of volitional action, effort, and somæsthetic sensation. Ideal presentation for will was, however, lacking, and accordingly emotional tone which usually accompanies this was disordered. This state may be inferred as the cause of lapsing into the alcoholic habit, the normal control exercised by the ideal presentation of ordinary social and business life being deranged and taken off the lower organic appetites or desires.

And thus, finally, on this case an allusion may be made to a social or scientific consciousness as a part of personal

consciousness. A reference to logical or speech forms as an invariable accompaniment to all mental process, which was made above as a *sine quâ non* of physiologically psychological processes, introduces to the psychological aspects of brain function quite an added conception to that of consciousness of self, or individual mind, or personal identity merely as the fullest expression of functional unity of the brain. Directly the idea of communication comes into view as function of mind or brain, by a simultaneous or related sequence of sensory forms, that no man can live or think to himself is perceived to be true. Every thought, however relatively silent or unuttered to the world, possesses a sign that its birth is indebted to another source than that of the mind of its possessor merely. And social or scientific consciousness as experienced in thought forms is accompanied by very pronounced feeling tone. This is evidenced in experience immediately the normal thought processes undergo interruption by disease or violent social change. In the case above cited the man lost his social or scientific consciousness and power to control moral action when he lost his business memory.

A man who consulted me only a few days before beginning to write this paper, came complaining he was ruined, because he had been compelled to resign his business post which he had occupied as worker, inventor, and manager for a period of thirty-seven years. His social consciousness had received a shock. The shock was accompanied by so much pain that life appeared no longer worth living, and he was on the verge of suicide. His medical man had threatened to place him under restraint, and apparently it was only this threat which roused him, and enabled him through his moral feeling to control himself and avoid suicide. Every human being has a social consciousness which is an essential part of personal consciousness. Social consciousness is therefore part of brain function. A complete conception of social consciousness may be formed by an ideal presentation of what demands the total effort of personal conscious volition of any single social unit; in other words, a mental productiveness in relation to the supreme ideal of life. Such a conception of necessity involves a theory of society and the place of individual units as occupying "positions" within it. The suggestion of such a theory would be out of place in this paper, but the fact of the influence of the

consciousness of society cannot be set aside, especially in its bearings upon individual mental health, feeling tone, and volition. This aspect of brain function will be referred to in the following cases, in which the absence of a developed healthy social consciousness had evident effect on the volitional processes and was productive of disease.²

(To be continued.)

HAPPY REMEMBRANCES OF OLD TIMES, OLD FRIENDS AND COLLEAGUES, AND OF CONGRESSES LONG YEARS AGO.

By AN OLD BOY—A. C. CLIFTON, Northampton.

"SHOULD auld acquaintaince be forgot—and never brought to mind?" To that query my heart and mind at once and vehemently reply, *No*. And I am sure all our colleagues will make the same reply.

Bearing on the above sentiment, I would say that when I had the great pleasure of meeting a goodly number of old friends and professional comrades at the Oxford Congress last year, in the course of a chummy and unconventional conversation with my warm friend and fellow worker of many years, Dr. J. W. Hayward of Birkenhead, he incidentally made the following remark. "Most of us are aware that you have been connected with homœopathy for nearly half a century, have been personally acquainted with many of our colleagues during a great part of the time, and have also attended most of our Congresses, some of which you are never tired of talking about, and of men then present, whom you call heroes. Under these circumstances I am sure it would give pleasure to many, and would not be devoid of interest to others, were you to put on record in one of our serial publications, so far as memory will serve you, the chief features of presidential addresses, papers, debates, and peculiar incidents of at least a few of those Congresses, together with your impressions of some of the most notable men who took an active part on those occasions." That

² See an interesting address by Robert Jones M.D., B.S., M.R.C.P., on "The Development of Insanity in regard to Civilization."—*British Medical Journal*. Summarized in Vol. II., 1903, page 267.

suggestion I have never lost sight of. Moreover, during my many hours of enforced idleness and comparative isolation, the contemplation of it has afforded me much pleasure, but as everyone will see, it is rather a "tall order," and one not to be undertaken in haste.

One thought particularly has hindered me hitherto from attempting the task, to wit, that Dr. Robert E. Dudgeon, who has been my warm friend ever since I knew anything of homœopathy, our "octogeranium" and most respected colleague, was eminently more fitted for the work; he having not only attended as many Congresses as myself, but having been more intimately acquainted with our colleagues generally—particularly with our leading men—and having been conversant with all the aspects of the case, to say nothing of his well known skill and ability in medical authorship.

The evening shadows of life deepen, and come on apace, and I hear a voice, "What thou wouldest do must be done quickly, or never, life admits not of delays," and as Dr. Dudgeon desires me to do what I can in relation to the subject, I now take it in hand, with the understanding that I speak mainly from memory, and solely from my own standpoint of observation and thought.

The first Homœopathic Congress that was held in this country, was at Cheltenham in September, 1850, at which it was my great privilege to be present. I say "great privilege," because at that time I was only a homœopathic chemist, and therefore had no *locus standi* in such an assembly, but was introduced by Dr. Dudgeon as a visitor—"an unfledged bird, but a bird of promise." Under those circumstances, of course, I was nothing more than a silent hearer and observer of the proceedings, and could only become slightly acquainted with two or three of the doctors who were there, but who afterwards, with several others, were warm friends of mine for many years. Looking back now on that Congress as a whole, I say that it was a joyous occasion to me, and has ever remained a red-letter day in my life's calendar.

The principal men who were present at that Congress, so far as I remember, were Doctors Henry Madden, David Wilson, Robert E. Dudgeon, Francis Black, Rutherford Russell, Chapman, Drysdale, Kerr, and Carroll Dunham, of New York, U.S.A.; men not alone pioneers of homœopathy in the days of *stress* and *storm*, but men, for the most

part, great of mind, great in learning and in devotion to homœopathy—names ever to be held in reverence by homœopaths everywhere.

In addition to those, there were twenty or more homœopathic practitioners present whose names I am now unable to recall, but, taking them in their entirety, and after this lapse of time, I confidently say that *no greater* galaxy of cultured, scientific and earnest men connected with the practice of medicine, and especially with the principles and therapeutics of homœopathy in this country, will meet again for some years to come.

The President of that Congress was Dr. Francis Black, of Clifton, a man of academic distinction, scientific research and wise judgment, who then delivered a masterly address on "The Rise and Progress of Homœopathy in this country," in which he set forth in a clear manner what had been accomplished, in spite of the virulent opposition of the members of the old school; and at the same time he emphasized the need for further and more vigorous efforts for the propagation of the gospel of homœopathy. He then concluded his address with the words of the great Chalmers (D.D.) "Those men advance the welfare of humanity, who trust in God, as if God did all, and who themselves labour, as if man did all."

Following on the Presidential address, Dr. Henry Madden (of happy memory) read a paper, the title and precise nature of which I do not quite remember, but I know that it was mainly concerned with the homœopathic treatment of some form of uterine disease, in relation to which, beside the employment of specific homœopathic medicines internally, he contended for the application of remedies locally, and remedies too that were not considered homœopathic to the disease in question.

That paper led to a very animated and critical debate from several members. Dr. David Wilson, particularly, opposed the views that had been advanced, and strenuously contended that the employment of non-homœopathic remedies in any form of disease and in the way suggested was unnecessary, and not in agreement with the teaching of Hahnemann.

Dr. Wilson was warmly supported in his view of the question, and Dr. Madden was as warmly and numerically supported in his view; finally I believe it became a drawn battle between the earnest and distinguished combatants,

and the question was left an open one for further light and experience. In the evening of that memorable day, there was a dinner, which for Englishmen was very natural on such an occasion. Afterwards, instead of "the feast of reason," which had taken place in the earlier part of the day, there was "the flow of soul," and good fellowship, enlivened by the Attic salt from Chapman, Drysdale, Dudgeon, Rutherford Russell and others, the whole concluding with vows of eternal friendship between most of the members present.

I have now very imperfectly finished a part of the task imposed upon me. Should it find favour with my brethren, and my health permit of my doing more in the same way, I shall in the early future make the attempt, but would much like Drs. Dudgeon, Hayward, and Pope to take a share, which I hope they will be urged to do by many of our colleagues.

REVIEWS.

The Kaleidoscopic Mind of Childhood. By JOHN MURRAY MOORE, M.D., F.R.G.S. Liverpool: *Daily Post and Echo* Offices.

THIS interesting essay was read before the British Child-Study Association (Liverpool Branch) at Liverpool University in February, 1904. It is not a didactic treatise on the training of childhood, but a picture of the ever-varying phases of the child-mind, and the multifarious modes of its manifestation, showing its kaleidoscopic changes and groupings in individuals, and the consequent necessity of observing the individualities of children, if any training in the highest sense of the term is to be successfully carried out. It is the same with the study of disease and remedies: each case and each child has to be individualized, and not treated or trained by square and rule. The development of child-mind requires the most careful study and watching for its being successfully piloted through the period when it is growing, that it may develop in the right direction. This is Dr. Murray Moore's thesis, and with many illustrations of the working of the unconscious or sub-conscious mind in children, he shows how much lies there as a basis to work upon, and how much may be done, or left undone, by parents and teachers, for the future mental and moral health of children. The essay is written

in a racy and interesting manner, and we commend it, with its sound observations and advice, to all parents and teachers. It is especially necessary in these days when so much time is spent at school, that parents should be alive to the importance of right training of the child-mind in pre-school days at home, and that teachers in the school-period should follow in a similar observing and philosophical course of training of the boy or girl minds as individual studies.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the Session 1903-1904 was held at the London Homœopathic Hospital on Thursday, May 5th, 1904, at 8 o'clock. Dr. Herbert Nankivell, President, in the chair.

NEW MEMBER.

Clarence Granville Hey, M.B., C.M. (Edin.), M.R.C.V.S. (Edin.), of Croft House, Altofts, Yorks, was elected a member of the Society.

SECTION OF MEDICINE AND PATHOLOGY.

Under the auspices of the Section of Medicine and Pathology Dr. Goldsbrough, of London, read a paper entitled "Cerebral Localization: Some Suggestions on Principles and Conclusions." Dr. Goldsbrough introduced his subject by remarking that he thought research in the anatomy and physiology of the brain, in conjunction with psychological analysis, had sufficiently advanced to formulate an intelligible scientific basis for treatment by suggestion, or mind-cure as it had been termed, and also that this might be correlated both in thought and practice with homœopathic and other physiological principles of therapeutics. In addition to the intrinsic interest of the subject of cerebral localization, an attempt at indicating this scientific basis was his object in reading the paper. The wide range of the subject prevented him giving more than an outline of it, which he did by defining the basis of psychological analysis as consciousness under certain objective limitations of the term, and then demonstrating methodically the localized areas of cerebral function by the use of diagrams. The foundation for the study of localization methodically was afforded by the speech mechanism as the highest level of consciousness which could

be judged of objectively. The various aspects of this mechanism as experience, could be traced in connection with volition, sensation, and association, in the motor or Rolandic, sensory or parietal, occipital and temporal, and the pre-frontal areas respectively. It was needful to remember the difference between association psychologically considered and the so-called association tracts of myelinated fibres in the brain; the latter could not be correlated completely as serving the function of association, except in so far as association was invariably experienced with presentation in conscious experience, and different areas served for presentation or representation. The tracts therefore served the latter functions unitedly, and the whole brain was to be considered the organ of conscious experience rather than separate parts of it. The cerebral hemispheres are not connected with the external world directly, but by two lower levels of neuron systems, and these systems are connected by the so-called projection tracts. Mental life is therefore emphatically inner life, compared with matter and energy as outer life. But more than this, the anatomical arrangement of the cerebral hemispheres in the light of their functional aspects and relation to nutrition of the lower levels, showed that structure and function were peculiarly related in cerebral function. Function, probably, is above structure, and maintains its integrity, rather than structure function, as was the popular notion. Mind was therefore above brain. But, again, it had been found by observation and experiment that nearly all lower functions of the body than mind had some representation in the cerebral hemispheres. Therefore, to a limited and relative extent mind had some control over all function and structure. This is the scientific basis of mind cure, which, of course, is but in its infancy as a branch of knowledge and practice.

A discussion of the paper was taken part in by Dr. Nankivell (in the chair), Dr. Byres Moir, Dr. Madden, Dr. Speirs Alexander, Dr. James Jones, Dr. Granville Hey, and followed by a reply from Dr. Goldsbrough.

A paper was also read by Dr. Spencer Cox, of London, entitled "Sprue or Psilosis," of which the following is a synopsis. Dr. Cox defined sprue as a peculiar and very dangerous form of catarrhal inflammation of the whole or part of the mucous membrane of the alimentary canal, generally associated with suppression of the chologenic function of the liver. It is frequent in tropical countries, European residents being most liable to its ravages, and women perhaps rather more so than men. Manson is the chief authority for the elucidation of the clinical history of

sprue. No specific bacillus has been recognized. Dr. Cox gave the history of two very difficult cases which had occurred in his own practice and which proved very intractable to treatment. The intractability to treatment, however, usually depends on the temperament and disposition of the patient associated with the occurrence of the disease, and his unwillingness to continue long with an exclusively milk diet, which appears essential for success. In conjunction with the most careful dieting homœopathic medicines are helpful, but not otherwise.

Drs. Nankivell, Madden, Searson, Burford, Byres Moir, and MacNish discussed Dr. Cox's paper, and the latter replied.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

54TH ANNUAL GENERAL MEETING.

THE Fifty-fourth Annual Meeting of the Governors, Subscribers and Donors of the Hospital was held on Thursday, March 24th, at the Hospital, under the chairmanship of the Treasurer, Earl Cawdor. There were also present Sir Henry Tyler, Mr. Stilwell, J.P., the Rev. E. C. Bedford, Dr. Washington Epps, Dr. Searson, Dr. Dyce Brown, Dr. Byres Moir, Dr. Goldsbrough, Mr. W. S. Cuff, Dr. Galley Blackley, and a number of lady subscribers. A telegram regretting his inability to attend was read from Dr. George Burford.

The meeting was opened with prayer by the Chaplain, the Rev. E. C. Bedford, and the minutes having been confirmed, the Secretary-Superintendent (Mr. G. A. Cross) read the Fifty-fourth Annual Report. (This Report was published in our issue for May.—Eds.)

THE CHAIRMAN (Earl Cawdor): Ladies and Gentlemen,—I rise to move the adoption of the report, but before doing so may I draw attention to what is at the head of our report this year, which I am sure gives great satisfaction to every one of us, viz., that the Duke of Teck has kindly undertaken to be the Patron of the Hospital. Remembering as we do the good that his mother did for the Hospital for many years back, I am sure we are glad to see his name associated with so good a work. In proposing the adoption of the report—a very full report—the first obvious remark is that 1903 has been a very full year, with more patients, both in and out, and a very great amount of work in every department. The total of 43,000 attendances in the Out-Patient department is the highest ever

reached, and it is increasingly difficult to cope with so large a work, even with our large and active medical staff, aided sometimes by outside doctors, some of them lady doctors. As to finance, we show an increase on nearly every main item except donations; but as we made a very special appeal during the year, people naturally did not give to the special fund and the ordinary donation list at the same time. A gratifying increase is that of annual subscriptions, due to the Ladies' Guild—a very successful movement which I am sure we all watch with much interest, and I think we should tender our thanks to those who have helped us so much in bringing this Guild to a successful issue. As we have had less ordinary donations, and less income from dividends, our total income was less than in 1902, but it was higher than in any previous year with the exception of 1900, when we had an unusually high donation list. Our expenditure has increased in proportion to our work, and while it is apparently higher than in 1902, that increase is apparent only, as we closed in 1902 for some six weeks for general repairs, and a good deal of the expenditure stopped during that time. It is, however, better than comparing isolated years, to take averages of say three years. This method shows our expenditure to be £10,874, and our income £7,610, which brings us face to face with an average shortage between ordinary income and ordinary expenditure of £3,264. This you have enabled us to meet by allowing us to withhold or withdraw from the invested funds a sum not exceeding £3,000 a year, it being understood that we should, by special appeals, repay that amount if we consider it to be practicable. Under this sanction, we have taken from capital up to January last year, £12,000. The deficit of 1903 has been £3,700, making a total of £15,700. Now the list of donations at the dinner over which I had the honour of presiding in June last, together with the result of a subsequent appeal, gave us £5,300, leaving us in the position of having spent capital to the extent of £10,400. You have only a small proportion of capital on which you can draw in this way without difficulty. In 1899, Dr. J. Say Clarke left us a legacy of £11,000. That is a help we cannot look for often. Also other legacies have fallen in. Then you have fortunately had the inroads on capital repaired by your special appeals and by legacies. The fact remains, however, that you are poorer in capital than you ought to be, at the present moment; because if you keep drawing upon it, even if the drafts are more or less made good, you are not gaining ground, while it should be remembered that capital spent entails a loss of the annual income which should arise from it. I hope this is a clear statement of how it happens that we are still in a

sound condition as regards capital, notwithstanding our yearly inroads on our invested funds. One good feature, however, is that the income shows a steady increase on the average. If you take an average of the first three years in the new building and compare with an average of the last three years, you get an annual increase of £982. If you take an average of all the years except the first year you get an average increase of £1,266. And this takes no account of special funds raised. Having dwelt sufficiently on the financial part of our position, it is pleasant to turn to the excellent condition in which you find our Hospital, and the great amount of good work it is doing over a wider ground year by year. The work never stops increasing, and this fact tells admirably for the manner in which it is done on your behalf. I do not think I have anything else to add so far as the report is concerned, but I will gladly answer any questions which anyone wishes to raise. If anyone wishes to know anything I hope they will ask, so that it can be cleared up if it is not sufficiently clear in the report, which I now beg to move.

MR. STILWELL, J.P. (Chairman of the Board of Management), in seconding the resolution, said the report was in some measure satisfactory, as it showed a gradual increase in the income of the Hospital. That, of course, showed an increase of interest in the institution itself. Unfortunately the income was not equal to the outgoings, and they had to ask the subscribers' consent to supplement the incomings by drafts upon capital. It was very satisfactory last year that they were able to replace a certain sum to capital, and he trusted that their subscribers and donors would come forward handsomely again this year and support them. He pleaded with them all that they should do their best to supplement the income, which was at present so totally inadequate for the splendid work which was carried on at the Hospital. They had a most energetic staff, who were quite equal to any members of the medical profession in point of standing, but they had this advantage over the other wing of the medical profession, that they had a scientific education which enabled them to tackle diseases which could not be touched by the ordinary methods of the allopathic physician. Their surgery was up to date, and the operating room was one of the finest in London, and it would be a great pleasure to him to take anyone round after that meeting. He was sorry to say that they had lost two of the members of the Board by resignation. He could not let the opportunity go by without mentioning Dr. Edward Hamilton, who, from the very first establishment of the Hospital in Golden Square, had been a helper and one of the advisers of the Board, and had stood by them up to his death,

which occurred, unfortunately, quite recently. They had also lost Dr. Yeldham, Mr. Hugh Cameron, and Dr. Quin. These four men were the founders of the Hospital on the medical side, and they had all gone to their rest. Then, unfortunately, they had not Captain Cundy there that day, in consequence of bad health, and had also to regret the extreme illness of their very active and constant member of the Board, Mr. Ridley Bax. He was thankful, however, to say that Mr. Bax had recovered from his illness, which was a most serious and painful one. Mr. Trapmann was also away in the south of France. He was also sorry to say they had received the resignations of Mr. Thos. D. Galpin and Mr. F. G. Smart, who had been great helpers to them financially, although owing to their living a distance from town they were not able to attend many meetings. Perhaps they might be induced to withdraw their resignation, for the Board would be sorry to lose their services. (Applause.)

The report was then adopted.

SIR HENRY TYLER moved :—

“That this general meeting of the Governors, Donors and Subscribers of the London Homœopathic Hospital, having in view the continued inadequacy of the annual income to meet the annual expenditure of the Hospital, hereby empowers and directs the Board of Management and Trustees as follows :

“1. That for each of the years 1903, 1904, 1905 and 1906, sums not exceeding £3,000 in each of these years be withheld or withdrawn from the reserve fund and be expended in the discharge of current expenditure.

“2. That such sums be refunded to the reserve fund if and when practicable, in the judgment of the Board of Management.

“3. That in the event of the available receipts of these years being found, in the judgment of the Board of Management, inadequate to the refunding of such sums after payment of the current expenditure of these years, then such sums as cannot be refunded shall, under the authority of this resolution, and without further condition as to refunding, remain finally appropriated for the use and service of the Hospital, for the discharge of the current expenditure of these years, and all responsibility of the Board of Management and Trustees as to the refunding of such sums shall be hereby discharged and annulled.”

He said he was sorry to have to move this resolution, but the continued inadequacy of their income was only too apparent, and was a very distressing circumstance. They had already heard from previous speakers, and seen from the report and statements, of their financial position, and what

it really came to was that last year they spent £3,700 more than their annual income, and that for several years they had, on the average, spent about £3,000 more than they had received. From the dinner last year, kindly presided over by Earl Cawdor, they received about £5,300, but that still left a very large overdraft from their capital account. It looked very much as if, in future years, they would have to ask the leave of the governors and subscribers largely to trench upon capital account. They had hoped at one time that they would have been able so to increase their subscriptions and their capital as not to require any further drawing from capital account, but that now seemed pretty hopeless. It was very distressing, and he was aware that they had a limited *clientèle* to apply to; they had not the whole world of charitable subscribers to appeal to as had other hospitals, and so it became them to husband their resources as far as they could, consistently with keeping the hospital in a high state of efficiency. He did not think there was any other hospital in London really to compare with it as regards cleanliness, comfort, and success, but at the same time it required money. They were now crippled, and prevented from doing a great deal more than they would like to carry out, and it was to cover the serious responsibility of the Board in this matter that they now asked the governors to agree to this resolution.

MR. J. P. STILWELL, J.P., in seconding the resolution, said the taking away of £3,000 a year up to 1906 would very seriously trench upon their reserve fund, and, in fact, unless it was added to in the meantime, nearly all their capital, except that which was set aside for certain cots and beds, would have been appropriated. Therefore it was incumbent upon every person who took an active interest in the Hospital, to be energetic for the benefit of the institution. Mention had been made, in the report, of the Ladies' Guilds, and they were greatly indebted to the ladies for the interest they took in the Hospital. He hoped the ladies would influence their husbands and bring up their children with the idea that homœopathy was the true system of medicine, and that the Hospital was the central point which must be supported in the future if homœopathy was to hold its own.

The motion was carried.

THE REV. E. C. BEDFORD said he had been asked to propose a vote of thanks to the Board of Management and House Committee, Treasurer, Vice-treasurer, and Lady Visitors. With the Board of Management they specially thought of Mr. Stilwell (the chairman) and Captain Cundy; and they associated with the House Committee the names of Sir Henry

Tyler, Mr. Ridley Bax, and Mr. Trapmann. They were much indebted to the Board and to the House Committee, for they would all know how much was entailed in the work of such a hospital as that. Even with such an able and energetic Secretary-Superintendent as they had, there was still a great deal of work which required the care and attention and time of the Board of Management and House Committee. To himself it was a great pleasure to take any visitor over the Hospital, and as Chaplain he could speak of the gratitude of the patients for the way everything was done for them, and of their gratitude to the Lady Visitors who came to the wards and talked to them, and sometimes sang and played to them.

DR. DYCE BROWN, in seconding the motion, said that many persons who came to the annual meeting or who only read the report did not realize the amount of work which devolved upon the Board of Management and House Committee in administering the affairs of the institution. The gentlemen who thus gave their care and attention to the work deserved the gratitude of all interested in the institution. On the House Committee perhaps devolved the largest share of the work—they were the practical workers who did the heavy work. Mr. Bedford had spoken so admirably of the work the ladies did in the Hospital that it required no addition from him, except that he would add that the ladies brightened the wards to a degree which, perhaps, only the patients fully understood.

The motion was carried.

MR. STILWELL, J.P., replied. He remarked that the Board met every month, and were determined to carry out on the very strictest business lines the work of the Hospital. They were rather cramped by two things, which at the present time it was impossible to alter. First, there was the want of space, and, secondly, the want of funds. They had such an amount of work in the out-patients' department that the space at the command of the medical men was not sufficient. He did not yet see how it was possible to increase that space, and so long as the income was only what it was, they could hardly hope to increase it. He would remind them, however, that there was an ample future in store for the Hospital if only it was supported. They had the freehold of the land between the Hospital and Queen Square, which, if it were added to the Hospital, would give them all the room they could possibly want at the present time. They must be patient, and carry on the work in the best possible way, and in an economical manner, and if they worked for it, they would have their reward in time. He thanked them all on behalf of the Board,

House Committee, Treasurer, Vice-Treasurer, and Lady Visitors, and also for the kind way in which the work of the Secretary-Superintendent was mentioned. He knew how hard Mr. Cross worked, for he was constantly in touch with him, and was always glad to do anything he could to assist him in his very hard and conscientious work.

DR. GOLDSBROUGH moved the re-election of the President, the Earl of Wemyss and March; the Vice-presidents, the Earl of Dysart, the Earl Cawdor, the Lord Calthorpe, the Lord Grimthorpe, the Lord Ebury; the Treasurer, the Earl Cawdor; also election of the Earl of Morley, the Earl of Egmont, the Lord Napier of Magdala, the Lord Windsor, the Lord Haliburton, the Hon. Wm. Warren Vernon, and Sir Edward Thornton, K.C.B., as Vice-presidents; and the re-election of retiring members of the Board of Management, the Hon. Algernon Grosvenor, Mr. A. Ridley Bax, Mr. Edwin Tate, Mr. John Carter, and the election of Dr. J. G. Blackley and Dr. Byres Moir to the Board. He might, he said, perhaps be allowed a little digression in alluding to the work of the Board of Management. The work was of an important character, and he was extremely glad to hear Mr. Stilwell's remarks with regard to the hopefulness with which the subscribers and the medical subscribers, of whom he was one, might look forward to the extension of the hospital into Queen Square. He was speaking as a subscriber and as a medical man strongly interested in homœopathy, and he felt that their present accommodation, which was magnificent compared to what it formerly was, yet seeing the position they occupied in medicine they could not feel satisfied with it. If homœopathy was what they as medical men believed it to be—the leading truth in medicine, and the most comprehensive method of practising medicine—they could not be content until homœopathy occupied the leading position in the medical world. It was impossible for them to sit down and be content with anything less than the acknowledgment of the principle, and the development of it in the fullest possible way as taking the lead in this way. In America that was progressing fast, for there were colleges and hospitals devoted to the teaching of homœopathy; but in this country they had no school and no recognition at all, for they were still, he was sorry to say, looked down upon and considered unworthy of notice by the medical profession at large. If, however, they could look forward to the enlargement of the hospital to an extent that it could qualify for teaching, that would be a step which would lay the foundation for their system such as had never been laid before.

DR. WASHINGTON EPPS seconded the motion, which was carried.

MR. THOMAS H. WYATT proposed the re-election of Messrs. Prideaux, Frere, Brown, and Hannay as auditors, and said he hoped that owing to an increase in income the work of the auditors would be increased during the current year.

MR. W. S. CUFF seconded the resolution, and it was agreed to.

MR. J. P. STILWELL, J.P., moved the re-election of the Medical Staff, the confirmation of the appointment of Assistant-Surgeon Mr. Arthur A. Beale, Assistant-Surgeon for Diseases of the Eye Mr. Percy Ross, and a vote of thanks to the Medical Staff. He said that they would all agree that the work which had been done by the Medical Staff of the Hospital was worthy of all praise. The staff always did their best for the unfortunate people whose state of health required treatment, and the amount of work got through in the Hospital was very great indeed.

THE REV. E. C. BEDFORD said he was glad of the chance of seconding the resolution, because it gave him the opportunity of saying, as rector of the parish, what a great deal he owed to the Hospital. Speaking on behalf of his poorer parishioners, he tendered their very warmest thanks to the Board and Medical Staff.

The motion was carried.

DR. SEARSON, in acknowledging the vote on behalf of the Medical Staff, said it was obvious that the work there did involve a great deal of labour, and made a considerable demand on their time. Perhaps he might be permitted to say that he had recently returned from America, where, as representative of the British Homœopathic Association, he visited many of the hospitals and colleges in the United States. There were probably about 100 homœopathic hospitals in America, and having looked carefully into the organization of different hospitals, he might say without exaggeration, although the work of the hospitals in America was carried out ably and successfully, yet their Hospital in London compared favourably with every one of them. Allusion had been made to some of the ambitious ideals of some of the medical profession and lay homœopaths, as regarded the future of homœopathy in that country. He had many interesting conversations in America on that subject, and the advice of the American people was that if they wanted to push forward homœopathy in this country they must aim at getting recognition from the State, and at getting power to take medical students into a college of their own.

THE SECRETARY-SUPERINTENDENT then read the Fifteenth Annual Report of the Convalescent Home.

SIR HENRY TYLER moved the adoption of the report, which

he said spoke for itself as to its efficient management; but he would call particular attention to the fact that the cost of each person resident, including in the calculation the nurses and domestic staff, was only 18s. 8d. per week, which was a very moderate amount. It was an inestimable advantage to the poor people who left the Hospital to be able to go to the seaside and recruit, and the only thing they desired was that they should also have a home for men.

MR. STILWELL, J.P., seconded the motion, and said it was pleasing to see that in the case of the Convalescent Home the funds were nearly equal to the expenditure. At present, however, they could not send men to the Home. They wanted a men's convalescent home, and they desired also to see before long a homœopathic school of medicine and college with a charter, enabling them to grant degrees. Those were things which every homœopath ought to struggle for.

The report was adopted.

DR. BLACKLEY proposed a vote of thanks to the Chairman, the Earl Cawdor, for presiding, and said that they who were associated with the Board knew how wonderfully Earl Cawdor seemed to get everything at his fingers' ends. In spite, however, of the chairman's cheery optimism, he could not help thinking a deficiency of £3,000 was hardly to his liking, and it was certainly not to the liking of the medical profession. He did implore those present to make up their minds that this deficiency should be wiped off.

DR. BYRES MOIR seconded the motion, which was carried.

THE CHAIRMAN, in reply, said it was true that he did not think it was satisfactory to have this deficiency and borrow from capital account, because it was evident that the time must come when such an operation would cease. He hoped they would get more money, for they certainly were doing an enormously good work.

BRITISH HOMŒOPATHIC CONGRESS, 1904.

PRESIDENT: George Burford, M.B.; Vice-President, Giles W. Goldsbrough, M.D.; Hon. Secretary: D. Dyce Brown, M.D.; Hon. Treasurer: E. M. Madden, M.B.; Hon. Local Secretary: C. Knox Shaw, M.R.C.S.; Council: The President, the Vice-president, the Hon. Treasurer, the Hon. Secretary, the Hon. Local Secretary, James Johnstone, M.B., F.R.C.S., Byres Moir, M.D., E. A. Neatby, M.D., Dudley Wright, F.R.C.S.

The following circular has been issued by the Hon. Sec. :—

29, SEYMOUR STREET,

PORTMAN SQUARE, W., May, 1904.

DEAR SIR,—The Annual Congress will be held this year in London, at the London Homœopathic Hospital, Great Ormond Street, W.C., by the kind permission of the Board of Management of the Hospital, on Friday, July 1st, at 10 o'clock punctually.

The presidential address will be delivered by George Burford, M.B., Senior Physician for Diseases of Women at the London Homœopathic Hospital. The title of the address is "*Similia Similibus Curentur*, as Science, Politics, Culture." "The art of curing will then (i.e., with a perfected *Materia Medica*) approach to the same degree of certainty as the science of mathematics" (Hahnemann, *Organon*). "The art of healing does not consider the interest of the art of healing" (Plato, *Republic*). "Culture, the aim of setting ourselves to ascertain what perfection is, and to make it prevail" (Arnold, *Culture and Anarchy*).

Any strangers, ladies as well as gentlemen, who may desire to hear the President's address will be welcome.

A short interval, after the conclusion of the address, will be occupied by the treasurer receiving the members' subscriptions.

The Council resolved that the three papers to be read at the Congress of 1904 should be on Diseases of Children.

The first paper will then be read by Byres Moir, M.D., Physician to the London Homœopathic Hospital, on "Pneumonia in Children up to the age of Five, and the results of cases treated in the Hospital."

This will be followed by a discussion.

The Congress will adjourn for lunch at 1 o'clock to the Holborn Restaurant. The medical and surgical staff of the London Homœopathic Hospital (Mr. Dudley Wright, chairman) invite the members of Congress to be their guests on this occasion.

The meeting will be resumed at 2 o'clock at the Hospital, when the second paper will be read by J. Roberson Day, M.D. Lond., Physician for Diseases of Children, London Homœopathic Hospital, on "Intra-Abdominal Phthisis in Children, and its Homœopathic Treatment." In the preparation of this paper Dr. Day has collaborated with C. Osmond Bodman, M.D., M.S. Durham, of Bristol.

The paper will be illustrated by lantern slides, and will be followed by a discussion.

The third paper will then be read by Edmund Capper, M.D., C.M. Edin., Medical Officer to the Leicester Homœopathic Hospital, on "Epidemic Diarrhœa in Children, and its Homœopathic Treatment."

A discussion will follow.

At the conclusion of the discussion the Congress will adjourn for a cup of tea to the Nursing Institute of the Hospital, at the kind invitation of the Board of Management of the Hospital.

The Congress will then take up the formal business—the selection of the place of meeting for 1905, the election of President and other officers for the ensuing year, and any other business which may be competent. This will conclude the proceedings.

The members, with their friends, ladies as well as gentlemen, will dine together at 7 o'clock at the Holborn Restaurant.

The subscription to the Congress is, as usual, 10s. 6d. The dinner ticket alone, *for guests only*, is 7s. 6d. (exclusive of wine).

The Council take this opportunity of suggesting to their colleagues in or near London that they would materially add to the success of the meeting by offering hospitality to their Provincial *confrères* during the Congress.

Should you know of any colleague who has not received this circular, will you kindly let me know.

The enclosed post-card is to be filled up and returned as early as possible, but not later than June 15th. Of course, if any colleague cannot make his arrangements so early, the post-card would be received up to the day of the meeting, but it is earnestly hoped that all will return the post-card as early as possible, *whether they intend to be present or not*, as arrangements for the lunch and dinner are much facilitated thereby.

I remain, Yours very truly,

D. DYCE BROWN, *Hon. Sec.*

P.S.—As arranged last year, the meeting of the Congress will directly follow the Annual Assembly of the British Homœopathic Society, which is held on June 29th and 30th, the Congress being on the next day, Friday, July 1st.

M. AND MME. CURIE, THE DISCOVERERS OF RADIUM.

“ALTHOUGH M. and Mme. Curie are entirely absorbed in their laboratory work and do not concern themselves with medicine, we are able to state with some amount of pride that both the father and grandfather of the former were homœopathic physicians.”

“Curie, the grandfather, a French physician born in Alsace, after having practised for some time in France, was drawn to England just at the time when homœopathy began to spread there. He lived in England for many years, devoting himself to a very numerous *clientèle*, thanks to whom he made a fortune.

"His son, Curie the second, father of the present *savant*, remained in France and likewise practised homœopathy. He established himself in the Quartier St. Germain, but not having the same aptitude as his father, having rather the taste for scientific research than for *clientèle*, he accepted, after some years of practice, the post of "inspector of wet nurses" for the department of the Seine, offered to him by one of his political friends, a post which he still holds. Dr. Curie lives at Fontenay-aux-Roses, near Paris, and is about seventy-five years of age. His name is well known to homœopaths through his researches concerning bryonia, chloride of gold, and especially concerning drosera.

"About the year 1868, *L'Art Médical* and the *British Journal of Homœopathy* published an account of Curie's experiments with drosera. After poisoning cats by means of drosera, he found inflammation of the pleural surface of both lungs. It was believed at the time that drosera would cure phthisis, but we now know it only as a palliative in that malady.

"As for the celebrated chemist and his not less remarkable spouse, they are simply chemists and physicists. They live with the father at Fontenay-aux-Roses, and both being devoted to the "wheel" may be constantly seen going on their bicycles from their country house to their laboratories.

"We ought to say that Madame, that astonishing woman, is a Pole from Warsaw, and learned to know M. Curie whilst both were attending the course of chemistry in Paris. They pleased each other, were married, and thus founded a new Franco-Russian alliance."—*Revue Homœop. Française*, Feb., 1904, p. 53.
J. G. B.

DIETETIC PREPARATIONS.

BOVININE.

(The Bovinine Company, Hatton Garden.)

It may seem very unnecessary on our part to draw attention to Bovinine, which has been many years on the market. But there are so many beef juices, beef extracts, etc., largely advertised, that both the profession and the public are apt to forget old friends and let them be displaced by new ones. So we think it right to remind our colleagues and other readers of the *Monthly Homœopathic Review* that such a preparation exists. It is one of the few meat juices made by the cold process. Those otherwise made are not of the same dietetic nutritive value, the cold process being much the most reliable for the extraction of the real essential

ingredients of beef. Bovinine, we have no hesitation in saying, is surpassed by no other preparation of meat juice that we know. We have prescribed it for years, and find it always reliable, very nutritious, and easily digested. It contains about 20 per cent of coagulable albumin in solution, thus showing its value as a food in states of debility requiring stimulating nourishment which can be digested easily. Wherever this is required bovine will be found to be surpassed by no other beef-tea or similar preparation. Only small quantities are necessary at a time, and thus it is, if anything, less expensive than other kindred or alternative "beef-teas." Mixed with water alone the taste is mawkish, but pleasant when given with lime-juice or milk, not *less* than three parts of milk to one of bovine; but it must never be given in *hot* water, or any hot liquid, else the albumin at once coagulates. We can with the greatest confidence advise our colleagues not to forget bovine for any of the newer and more advertised beef extracts, and we know they will be satisfied with their results.

CORRESPONDENCE.

THE LIVERPOOL MEDICAL CLUB.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRs,—I think it might be interesting to the other members of the British Homœopathic Society, to hear of an incident which shows the friendly relations which fortunately exist in Liverpool between members of our body and the general medical profession.

Some seven years ago some pioneers undertook the formation of a "Medical Club" for the cultivation of friendship amongst the medical men of the city and neighbourhood. Invitations to join were sent round, and it was started as a Limited Company. The total membership at present is considerably over 100, amongst which number are to be found five or six members of our local branch. Two years ago at the Annual Meeting I was elected to serve as a Director of the Company. Last year I was made Vice-Chairman, and at the last meeting of the Directors I was unanimously elected Chairman of Directors for the year.

I am particularly pleased to occupy this position under the existing circumstances, as it is a conclusive piece of evidence as to the friendly relations, and the mutual respect which exist to a gratifying and increasing extent in this city between the general profession and the members of our own Society.

Yours faithfully,

Mau 11th, 1904.

CHARLES W. HAYWARD.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 *Mayfair*.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. BURFORD, Dr. GOLDSBROUGH (London); Dr. A. C. CLIFTON (Northampton); Dr. NICHOLSON, Dr. HERVEY BODMAN (Clifton); Dr. CHARLES W. HAYWARD (Liverpool); Dr. McLACHLAN (Oxford); Dr. STEPHENSON (Dunedin, N.Z.); Mr. G. A. CROSS (London); Mr. A. H. LEAKE (Nelson, N.Z.)

BOOKS RECEIVED.

The Chronic Diseases. By Hahnemann; translated by Prof. Louis H. Tafel. Theoretical part only. Philadelphia: Boericke & Tafel, 1904. *Hydrogen Peroxide.* By John McLachlan, M.D. Bristol: John Wright & Co., 1904. *Report of the Hahnemann Hospital and Dispensaries, Bristol, for 1903.* *Report of the Torquay Homœopathic Dispensary, for 1903.* *The Homœopathic World, May.* *The Hospital, April.* *The Vaccination Inquirer, May.* *The Therapist, May.* *The Hobart Mercury, March 28.* *The Indian Homœopathic Reporter, February.* *The Indian Homœopathic Review, April.* *The Homœopathic Recorder, April.* *The Medical Advance, March and April.* *The Pacific Coast Journal of Homœopathy, April.* *The Medical Brief, May.* *The Medical Times (New York), May.* *The Medical Century, May.* *The Clinique, May.* *The North American Journal of Homœopathy, May.* *The Homœopathic Envoy, May.* *Revue Homœopathique Française, April.* *Allgemeine Homœopathische Zeitung, April 21, May 5 and 19.* *Homœopathisch Maandblad, May 15.* *Annaes de Medicina Homœopathica, December.* *Revista Homœopatica Catalana, April.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SONS, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE PATIENT'S POINT OF VIEW.

IN our correspondence column will be found a spirited letter from one who has derived benefit from homœopathic treatment, and who naturally resents an insult to her intelligence and powers of ordinary observation on the part of two allopathic doctors of her acquaintance. Our correspondent is a professional journalist, and has been for fourteen years on the literary staff of one of the best known London periodicals. She says, modestly, "I am known to be intelligent and, I think, level-headed." That this goes without saying is sufficiently proved by her position on the staff of the journal alluded to. Her grievance is what has often suggested itself to us as one that homœopathic patients must feel more or less acutely, though we do not remember it to have been stated in print. Most of our patients who thus feel their intelligence insulted by "friends" only feel sorry for their "friends," and adopt the motto of old EARL MARISCHAL—"They say; what say they; let them say"; while others, like our correspondent, feel their "back up," and are inclined to resent it instead of taking it quietly lying down. And we do not wonder. Were the examples of the two old-school doctors referred to, isolated ones and the exception to the rule, they might be passed by with silent contempt; but it is well known

that they are not exceptions, but a fair sample of the "common or garden" ignorance of homœopathy, its principles, practice, and pharmacy, prevailing at the present day. And it is well done on the part of our correspondent to protest publicly—a protest which we heartily endorse, and to which we are glad to have the opportunity of drawing attention in this editorial article. It is positively insulting to persons who are known to be intelligent, level-headed, observant, and capable of forming a sound judgment on every other question, to be told by medical men who know nothing of what they are speaking about that on this particular subject they are, to all intents and purposes, fools. One would have thought that if a person, man or woman, had been in ill-health and is cured under a definite course of treatment, he is capable of knowing in the first place that he is cured. And he has the common sense to attribute his cure to the course of treatment he has undergone, more particularly when such curative treatment has been conducted in accordance with a definite law, and not by mere empiricism or hap-hazard methods. Were such a cure to be an isolated example, there might be some ground for suspicion that it was brought about by some other means than the medicine. But when similar cures are daily accomplished, not by one doctor only, but by thousands all over the world, in accordance with the same law, the suggestion that the results are due to "some 'mind' process" is almost too ridiculous to admit of sober argument. The laws of evidence in regard to every other subject are universally acknowledged, and argued from, while in the one question of homœopathy they are calmly set aside. Every other explanation than the right one, and in reality the simplest and most evident one, is good enough for the satisfaction of the majority of the old school; they calmly give out *ex cathedra dicta*, which are due to mere ignorance, and expect their *clientèle* to swallow them. Unfortunately, many of their patients who are as ignorant of homœopathy as themselves do take it in, and retail So-and-So's statements to their friends. So the calumnies spread. If homœopathic cures are only obtained by "some 'mind' process," how are cures in children, even in babies, and in the lower animals, accounted for? The idea is too preposterous for serious discussion. Let these same high-toned, pseudo-philosophical doctors referred to in

our correspondent's letter, and the majority who, parrot-like, echo their views, treat their own patients with bread pills only, and see the result. Their practice will soon be at the vanishing point, and they will discover when too late that their patients have a sufficient amount of common-sense and judgment to know when they are getting no benefit from their doctor's prescriptions. We may be told that cases have been recorded where cures have resulted from the administration of bread pills alone, the patients not knowing what they were taking. True, but such cases are well known to be those of the *malade imaginaire* class, where mental treatment is the *sine qua non*. But let the bread-pill experiment be made in serious illness, acute, and still more chronic, and the result will be palpable to the most illogical mind, and react uncomfortably on the doctor who thus prefers to trifle with his patients. But as long as the old school will not open their eyes to see, and use their reasoning powers to think for themselves, so long will they continue to insult the intelligence of their patients or friends by such egregious statements as our correspondent resents. If the public knew more of the scientific aspect of homœopathy, its simple and beautiful principle, they would be able to rebut such ignorant statements as those referred to in our correspondent's letter. Hence the need at the present day for the work of the British Homœopathic Association, not merely to teach in a systematic and thorough manner the principles and practice of homœopathy to students and young graduates, but to educate the public to understand its principles and tenets, and not to let them rest satisfied with merely the results of successful treatment. Were this knowledge to be widely taught to the public, these wiseacres in the old school would very soon draw in their horns, and quietly agree to take a back seat when homœopathy came to be discussed. They would then find that if a back seat was not to their liking, the only alternative would be honestly to study homœopathy for themselves, that they might at least be able to show that they knew something of the subject they were talking about. When a qualified medical practitioner tells our correspondent that "there is nothing in the 'science of small doses' except 'hallucination,'" he shows such abysmal ignorance of the rudiments of the subject that it is hopeless to argue with him.

It is really too amusing, though at the same time melancholy, to notice, as we pointed out in a recent article, how our wise critics of the old school blow hot and cold. Here we have one of them stating that homœopathic medicines are equal in value for good or ill to bread pills, while in our article referred to we found a doctor in Calcutta, who has an important Government appointment, stating that homœopathic medicines were most dangerous owing to their great strength! How long is this farce to be played? It surely cannot go on for ever. This last point brings us to the statement of one of those wise doctors referred to by our correspondent, that "the homœopathic medicines will not bear analysis." Here, again, is a sample of the usual ignorance of our methods of pharmacy. He ought to know, and no doubt does know, that no chemical tests or "analysis" will detect a mineral drug in a liquid beyond a certain point of dilution, and, further, that in many vegetable tinctures the medicine cannot be detected at all in dilute solution, as there is no reliable chemical test to which they answer. He will find, if he takes the trouble to learn what our "dilutions" are stated by us to represent, that all medicines which are capable of chemical analysis will be easily detected below the point where they are known to be detectable, while in the dilutions that are *stated by us* to be beyond this point, he may analyse the medicine as long as he likes and will find nothing that can react to any known chemical test. In fact, he has once more to put himself abreast of the simplest points in the question, to see that his dictatorial statement is not worth a brass farthing, and can only satisfy those who are on the same plane of ignorance as himself.

In conclusion, we cannot wonder that our intelligent and level-headed correspondent should get angry at such insults to her understanding and observing powers, and be driven to relieve her mind by a public protest. If anything we say could reach such men as her old-school "friends" and do any good, we should be glad, but we are afraid that their mental cuticle is of the pachydermatous order.

BRITISH HOMŒOPATHIC ASSOCIATION.

WE beg to remind our readers of the GRAND GARDEN FÊTE which is to take place, under the special auspices of the Ladies' Branch of the Association, in the Botanic Gardens, on Thursday the 7th instant, and to which we drew attention in our last issue. The Fête promises to be a great success, and no pains have been spared by the Committee to make it so. There is a large and very distinguished list of Patrons and Patronesses and Grand Committee. The Fête begins at 2.30 p.m. by the performance of the Royal Artillery Band—probably the finest military band in the Empire. Afterwards comes a "Pastoral Play," Shakespeare's "Twelfth Night," which will be performed by the well-known "Ben Greet Company." A Concert follows later on, which will be under the kind direction of Mr. RAPHAËL ROCHE. Among the distinguished artists who have generously put their talents at our disposal are M. TIVADAR NACHÉZ, whose violin playing is superb, Mr. JOHN THOMAS, who is at the top of his profession as a harpist, and Mr. SOPRA, who has recently come from Canada, and who possesses an absolutely unique *soprano* voice. Besides these features of the afternoon's entertainment, there are to be "Character sketches" and Conjuring by well known artists in these lines, to say nothing of what is usually a great attraction, a Lady Palmist from the Earl's Court Exhibition. From the Earl's Court Exhibition also come a troupe of Italian Lady Singers, who are most picturesque in their national dress, as well as charming vocalists.

It will thus be seen that during the whole time up till 7 o'clock, there will be a continuous course of entertainment suited to all tastes, while even during the band performance, the pastoral play, and the Concert, there will always be something going on which will be attractive and enjoyable, and that will give no one any excuse for feeling bored.

The Flower Stall, presided over by ladies, and kindly organized by Mr. JOHN MEWS, will, we expect, be a great attraction, and a temptation to lovers of flowers to purchase bouquets and button-holes. Any gifts of flowers by those who are unable to be present will be gratefully received, if sent to Mr. JOHN MEWS, 68, Queensborough Terrace, W., not to arrive *later* than 9.30 a.m. on the morning of the Fête.

Afternoon tea will be provided for the visitors in the Conservatory, the cost of which is included in the price of the admission ticket, namely, half a guinea.

We trust all our colleagues and their wiver will make a point of coming to the Fête and of inducing as many of their friends as possible to follow their good example. Should the weather be propitious, it promises to be one of the most distinguished events of the London season.

NOTE ON THE TREATMENT OF EXOPHTHALMIC GOITRE BY ARSENIC.

By T. D. NICHOLSON, M.D., Clifton.

I RECOLLECT being struck in my student days by the inefficiency of any treatment for Graves' disease, notwithstanding the general disbelief and comparative indifference to medicinal remedies in most diseases. On attending a foreign homœopathic clinique one summer, I enquired eagerly for some better results there, with a willingness to receive enlightenment, and a hope that the method of Hahnemann would succeed in what I considered to be a good test case for the application of his doctrine. Alas! I was disappointed.

Whilst cases are not very common, and I have but a few examples to point to of recent date, I bring them before you for consideration and criticism as to how far arsenic was successful in their treatment.

CASE I.—H. P., æt. 24, a telegraph clerk, ailing five years and recently obliged to leave off work. His symptoms were typical—tachycardia, marked exophthalmos, and tremor, with greatly enlarged thyroid and anæmia. The neck measured 16 inches, and the veins were large and prominent. The pulse was about 170 and hardly to be counted. He was thin and was losing weight, looked anxious, and trembled so much that he could no longer do telegraphic work. He had chronic diarrhœa three to four times a day. I ordered *Ars. 3x*, gr. ij ter in die. After two months' treatment he had gained a stone weight, his diarrhœa had ceased, and his pulse was quieter. The treatment was continued more

* Read before the Western Counties Therapeutical Society, at Bristol, April 20, 1904.

or less for six months longer, and he was then able to resume his work. After that further progress was slow, and I ordered the 2x trit. This was followed up for over a year, and at the end of that time the general health seemed quite re-established, the neck was soft and comfortable, measuring about 15 inches, and the pulse 96. The latter was still slightly throbbing; the eyes still rather prominent, but no longer staring as before. There was an absence of tremor, and he felt able to go abroad to an appointment in the telegraphic service. Since then (Oct., 1901) I have not heard of him.

CASE II.—Miss M., æt. 40, ailing seventeen years. Patient was pale, thin, losing flesh, very restless and nervous, and often very irritable. Pulse soft, 84. Frequent attacks of tachycardia. Thyroid enlargement very prominent, measuring $15\frac{1}{4}$ inches. Tremor, anæmia, menses irregular. Treatment: Ars. 3x and rest in bed. After some improvement the arsenic was given in 2x trit. and continued for six weeks. Six weeks later the thyroid was smaller and softer, and the tremor and nervous symptoms had almost gone. The dose was increased gradually to 9 grs. a day, and the general health progressively improved and the attacks of palpitation ceased. The patient is still under treatment. She feels well except for the thyroid swelling, which feels cystic in one part.

CASE III.—B. B., æt. 20, domestic servant with anæmia. Thirst, palpitation, and thyroid swelling. In six weeks, under Ars. 3x, the patient was quite comfortable and felt well again.

CASE IV.—Mrs. R., æt. 29, ailing five years. Her symptoms were enlarged thyroid, with choking, frequent palpitation, and constant throbbing. Ars. 2x was given steadily for six months, with entire relief.

To show the suitability of arsenic to the nervous conditions common in exophthalmic goitre, I will cite the following case.

CASE V.—E. S., æt. 42, shoemaker. A clever workman, but unable to work for months past. So restless that he could not settle to any work, but spent his time in taking long walks and drinking beer. Very nervous and irritable, eyes full and rather wild-looking. Complained of dull pain and cold sensation at precordia. His pulse was rapid and he could hardly be made to sit down to have

it counted. Under treatment by Ars. 2x, 2 grs. three times a day, he rapidly improved, his thirst for beer diminished, and in a few weeks he resumed work, to the great relief of his wife, who was afraid he was becoming insane.

There is no doubt in my mind that in these cases arsenic was the chief agent in the cure or improvement effected. Of course, rest and other means helped, but as most of these were dispensary cases, the benefit of rest is often counterbalanced by anxiety and privation from loss of wages. If arsenic was the curative remedy, what, therefore, was its relationship to the diseased condition? It is vain to look in works of pharmacology of the dominant school for any explanation of its utility, such as being a depressor of vaso-motor nerves or a stimulant to motor ganglia; and not even the statement of Sir Lauder Brunton, that the same drugs that stimulate in small doses depress when used in larger quantity or at a later stage of their action, will suffice to solve the problem, for he says that minute doses of ars. increase the rapidity of the pulse and that larger doses cause paralysis of motor nerves, and in frogs stop the heart in diastole.

The well-known action of arsenic in stimulating respiration and nutrition, especially in anæmic persons, affords some help in understanding its therapeutic use, but it shows no definite relationship to the disease under present consideration.

A comparison of the symptoms produced in arsenic workers and others under its influence, with those mentioned in the above cases, shows a wonderful similarity, and seems to me a marked demonstration of the drug being curative of the same condition of disordered health which it produces, especially the prostration, tremor, and nervous symptoms.

In Allen's *Cyclopædia* all the symptoms characteristic of exophthalmic goitre are found:—

- (1). Great restlessness and anxiety.
- (2). Great anguish, trembling, and tremor.
- (3). Excessive irritability and ill-humour.
- (4). Constriction of throat.
- (5). Swelling of thyroid (this in a case from Arsenical paper)
- (6). Violent palpitation of heart.
- (7). Staring, protruding eyes, as if out of their sockets (this from Arsenical paper).

(8). Emaciation.

The doses given in my cases, 3x and 2x trit. of arsenious acid, have never produced any aggravation nor physiological effects, and I have had more satisfaction with the stronger preparations of late. So far I have never resorted to the excessive doses of some physicians, nor have I used the drug in the more potent form of cacodylic acid, which is given in doses equal to 100 minims of Fowler's solution, or $\frac{1}{4}$ ths of a grain. On the other hand, I have not been tempted by my experience of smaller doses, say 6x, to follow the extraordinary and too confident assertion of Hahnemann, that "a globule of the decillionth (or 30 centesimal) potency is a sufficient dose for administration in every case of disease for which arsenic is appropriate" (*V. Mat. Med.*, article Arsenic), nor his addition in the next paragraph, that olfaction of a phial of globules "is greatly to be preferred in most cases to any administration by the mouth for the cure of chronic as well as of acute diseases."

But are there no other drugs indicated for this troublesome disease? Iodine suggests itself at once, and in its pathogenesis are found the following:—

- (1). Irritability, restlessness, and general tremor.
- (2). Emaciation.
- (3). Palpitation and rapid pulse.
- (4). Atrophy of glands—breast, testicles, and thyroid.

The nervous symptoms, therefore, are extremely similar, and there is a direct action on the glands, but of an opposite character. I think the drug is indicated in more recent cases than arsenic, and its action is often astonishing in glandular enlargement with emaciation in children, but the more profound and chronic alterations of health find in arsenic a more suitable remedy. Dr. Joseph Kidd published in the *British Journal of Homœopathy*, vol. xxiv, several cases of cure of simple goitre by tr. iodi, 1x and ϕ . Dr. A. C. Clifton tells me he has most success in exophthalmic goitre with phosphorus. On comparing its pathogenesis I can only see the following symptoms suggestive of the disease: Anxiety, restlessness, palpitation, and emaciation.

Belladonna has been suggested to me, but I think it has only a superficial resemblance.

Sir Victor Horsley stated lately (*v. Brit. Med. Journ.*, March 19, 1904): "There are few cases of exophthalmic

goitre which could not be cured by systematic treatment by the faradic current." But I have no experience with this.

The recent growth of knowledge of internal secretions has thrown much light on the cause of the nervous symptoms connected with diseased thyroid, and Sir Lauder Brunton, in a recent description, described a case in which he had seen all the symptoms of exophthalmic goitre, except exophthalmos and enlargement of thyroid, brought on by a too prolonged use of thyroid for myxœdema. The inferences therefore are that:—

(1). There is an excess of glandular secretion in the disease. This is borne out by the hypertrophy of the gland and enlarged blood-vessels.

(2). A poisoning of the system takes place from excessive and altered secretion, and hence later on a loss of natural secretion.

(3). When the disease of the thyroid has advanced so far that the acini have changed their structure and the colloidal substance is replaced by watery matter, it is probably useless to expect much benefit from medicine.

(4). In an early stage the arsenic may act by giving the needful stimulus to normal secretion, or by increasing vital resistance to unhealthy products of secretion, or by exciting the tissues to produce an antibody. Thus the symptoms are relieved or the disease cured in any case in obedience to the formula of "*Similia similibus curentur.*"

URETHRORRHAPHY: A NEW OPERATION FOR SOME CASES OF INCONTINENCE OF URINE.

By EDWIN A. NEATBY, M.D.,

Consulting Physician for Diseases of Women to the Buchanan Hospital,
St. Leonards, and the Leaf Cottage Hospital, Eastbourne.

SOME time ago an unmarried lady, between 20 and 30 years of age, was sent to me by a distinguished colleague for long-standing pain on micturition, and inability to control the water completely. Her own account was that if she retained her urine after the desire to pass it, she had pain on passing it, but not usually otherwise. Still more troublesome was a nocturnal incontinence which had lasted on and off since childhood—nine or ten years of age. This condition was so troublesome and

uncontrollable that visiting away from home became almost impossible. There was also, occasionally, incontinence during the day time, especially when coughing or laughing. At 14 years of age she was said to have had "a polypus" removed from the urethra. No details of this were obtained.

Curiously enough, the patient menstruated only about twice a year, but monthly pains occurred in the loins, in the left iliac region, and in the left leg whether she had any "flow" or not. She had suffered much from anæmia in the past, and at the time was pale, fat, and flabby. She suffered from constipation, pain on passing a motion, and piles, without bleeding. White, acrid leucorrhœa was present.

On investigation no obstruction to complete vaginal examination was found; the uterus was in the forward position, and the left ovary was prolapsed. The mucous membrane of the vestibule and the clitoris were thickened, pale, and sodden-looking; the nymphæ were hypertrophied and pigmented. The urethra was found to admit a finger (measuring $2\frac{1}{4}$ inches in circumference) readily, the digit passing right into the bladder without meeting any obstruction from the sphincter vesicæ, or eliciting any signs of discomfort on the part of the patient.

The patient's general health steadily improved under homœopathic treatment (which she had had for some months only), and she was sent back to her medical adviser, to whom the suggestion was made that arsenic, thyroid extract 3x, and electricity should be employed before operative measures were undertaken. After a trial of these remedies without any improvement taking place, the operation to be described was performed with the assistance of my friend under whose care the patient was. The result has been satisfactory, for the patient is now able to retain her urine.

Such cases are not very common. The degree of dilatation observed may occur from surgical interference or from the patient's own manipulations. A question here presenting itself was, Could the operation for removal of the "polypus" have produced the condition? Though it may have been a factor in the case, perhaps by drawing the patient's attention to the genital sphere, the evidence is against its having been the sole cause of the dilatation. In the first place, no such operation (not being intra-

vesical) would be likely to stretch the sphincter to such an extent. Secondly, if the urethra had been considerably stretched at the age of 14, the growth of the body would probably have to some extent restored the relation of the part. Thirdly, surgical dilatation is occasionally adequate to account for incontinence, but subsequent examination in such cases is not usually devoid of pain, as with this patient. Anyone familiar with instrumental examination of the bladder per urethram, knows how much more easily a smooth, polished, warmed, and greased dilator will pass than will a finger of the same size, even with the aid of anæsthesia. Here, without anæsthesia, my finger entered the bladder without the patient's wincing. When the local appearance of the vulva is also borne in mind, I think there can be no doubt that frequent manipulation alone could account for the urethral capacity. It may be mentioned that $2\frac{1}{4}$ inches is the circumference of the No. 17 Hawkins-Ambler uterine dilator.

After the operation the patient's thermometer was discovered to register from 102° to 103° , and she complained of feeling ill. As no cause for this rise was noticed, she was watched, and the temperature was no longer raised. Several weeks after operation the nurse noticed signs of local irritation also. These facts point to the neurotic disposition of the patient.

It is in cases like this, due to chronic stretching of the urethra and to dilatation by operation, where incontinence of urine follows, that a plastic operation may become necessary. Cauterization of the floor of the urethra by the actual cautery has been carried out to obtain cicatricial contraction. To bring about a similar result an elliptical incision has been made in the anterior vaginal wall, the edges of the incision being brought together after dissection up of the flap enclosed by the incision. This narrows the lumen of the urethra, but throws the mucous membrane of that canal into folds, and permits the lodgment of crystals, etc., passed in the urine, so causing irritation, which is liable to spread up to the bladder. For such a case as the one I have described these measures are not sufficiently radical.

The operation which I have termed *Urethrorrhaphy* may be described in three stages:—

(1). The urethra is slit up with a strong pair of scissors right to the neck of the bladder, the incision dividing the

floor in the middle line. This leaves a mucous surface from $1\frac{1}{2}$ to $2\frac{1}{2}$ inches across, according to the degree of dilatation present, and two raw edges of connective tissue.

(2). An incision is next made on each side of the mesial line of the roof of the urethra, marking a central area $\frac{1}{2}$ to $\frac{5}{8}$ inch in width. This is left intact, while on each side of the incision, the mucous membrane is dissected off.

(3). Fine silkworm gut, or horsehair sutures are used to bring together the edges. A half-circle needle is used, and passed from the vaginal mucous membrane edge on the left side (fairly deeply) from without inwards to the edge of the strip of urethral mucosa left after dissection. The needle is then brought out and re-inserted on the right side at the corresponding (opposite) edge of the aforesaid strip of mucosa, and carried deeply from within outwards to the edges of the vaginal mucous membrane on the right side. The first of these sutures is situated at the very neck of the bladder. As many sutures as are required are passed at intervals of $\frac{1}{8}$ or $\frac{3}{16}$ of an inch, until the urethral orifice is reached. These are then all tied on the vaginal aspect, and the urethral canal is thus restored to its original size and shape.

The parts are very vascular, and the passing of the urine does not appear to injure the wound. For the first forty-eight hours a sterile rubber or glass catheter is passed. Should any cystitis exist this should be cured prior to operation.

REMARKS ON ADAMS-STOKES' DISEASE, WITH AN ILLUSTRATIVE CASE.

By HAROLD V. MUNSTER, M.D., C.M., Croydon.

ON the 6th January I first saw the case of an old lady, æt. 79, who had a few days previously been sent to Croydon from the country, and her friends were told by the country doctor that her heart was as weak as paper, and that she would very likely die within a month.

The most prominent symptoms were marked shortness of breath, aggravated by the least exertion (respirations about 40 per minute and very irregular), tendency to faint on assuming the erect position, and attacks of nausea and even vomiting. There was no difficulty in detecting pronounced arterio-sclerosis, and the pulse was phenomenally slow, numbering about 40 beats to the minute.

Enquiry into the family history showed that her father had died, æt. 88, from "stoppage of the water," her mother of "dropsy," æt. 60, while some of her brothers and sisters had died of "consumption" and one of "enlarged heart."

The most striking feature about the patient was the character of the respiration, which, as noted above, was rapid, but it was also clearly of the Cheyne-Stokes type. The friends said this had been so for years. The pulse-beats and respirations were about equal in number, but the pulse was nearly regular. The arteries were tortuous and atheromatous. The heart was greatly enlarged, especially the left ventricle, but this appeared to be due to the state of the vessels rather than to any valvular defect of the heart. The urine, which was very scanty and heavily loaded with urates, contained neither albumin nor sugar. A dry cough was present, but dropsy was nowhere found, not even at the bases of the lungs. The patient's tongue was clean, red, and very cracked. The amount of food taken was small, and the bowels required artificial help to enable them to move, in the form of either an enema or a laxative dose. Latterly the patient had choked over food, making its administration difficult. The patient's memory was very defective all the time I attended her, and towards the end of her life she was quite delirious. For the last month of her life she was obliged to keep her bed, though to the last she insisted on being lifted out of bed for relief of bladder or bowels.

Various medicines were used in the treatment of the case, but arsen. iod., 3x trit., was the one most constantly prescribed. Treatment of the fainting attacks may be best recorded by allusion to one which occurred on the 2nd February. There had been several previous similar attacks, but none so severe either before or afterwards. I was urgently sent for, and on arrival at the bedside found the patient in great distress for want of breath, and quite livid, both lips and fingers being blue. She had been helped out of bed to evacuate the bowels, and had been left alone a minute in the sitting posture. A heavy fall on the floor brought her daughter to her assistance, who, with no little difficulty, lifted the old lady into bed again. On seeing her condition I at once broke a capsule of nitrite of amyl for inhalation, and injected gr. $\frac{1}{20}$ of strychnine hypodermically. With this and a

¹/₁₀₀-gr. tabloid of nitro-glycerine she speedily rallied, though for some time after the attack patient complained of severe pain in the left hypochondrium and of nausea; she had also vomited.

After this attack patient lingered on until 16th March, when she simply ceased breathing and expired at the ebb of one of the Cheyne-Stokes waves. Towards the end the pulse entirely changed, becoming very rapid and irregular, in fact quite flickering. Just the day before she died it became a little slower and more regular, but never again dropped to the slow rate observed when I first saw her. Diarrhœa and vomiting had been troublesome during the last week of patient's life.

This case, though occurring in an old woman, is of interest in relation to other cases of a very similar kind, some of which have been grouped together under the name of "Adams-Stokes' Disease" in a paper by Dr. Percy Kidd which appeared as a clinical lecture in the *Lancet* of 13th February.

My principal object in taking up the subject in connection with this case is to enquire a little into the homœopathic treatment of such cases, and to offer a few suggestions as to the remedies most clearly indicated. Before doing so I will outline the case reported by Dr. Kidd by way of making the disease picture a little more complete. Dr. Kidd's case was a woman, æt. 58, who had been ill for about four years, and complained of weakness, fainting fits, vomiting, swelling of feet and legs, headache, sharp pain round the heart, slight hacking cough, occasional night-sweats, swelling of abdomen at times, increasing stoutness, and dyspnœa, especially on exertion. The fainting fits were usually brought on by exertion or excitement. One fit, which he describes, began by the patient suddenly crying out; her head was retracted, pupils widely dilated, face cyanosed, pulse imperceptible for forty seconds. Patient was quite unconscious, her whole body being rigid and extended. Incontinence of urine occurred, and as she gradually recovered, retching took place. On recovery, pulse rose to 52. The whole fit lasted for five minutes. Patient's cardiac dulness was increased. Vomiting occurred occasionally, after food, or on rising, or after a fit. In a case of Adams' to which Dr. Kidd refers, patient, æt. 68, of full habit, and long subject to dyspnœa, there were noted drowsiness, troublesome

cough, respiration irregular, pulse rate 30 a minute. Necropsy revealed fatty heart (degeneration). There had been also lethargy, loss of memory, vertigo, and frequent fainting attacks.

Fainting fits, irregular breathing, and very slow pulse-rate appear to be the only constant symptoms present in the recorded cases. Arterio-sclerosis was often noted as being present, but absent in others. Osler, indeed, goes so far as to attribute the disease picture to retardation of the cerebral circulation incident to arterio-sclerosis. In most cases a cardiac bruit was noticed, but frequently the description of cases has been very fragmentary. I am disposed to regard "Adams-Stokes' Disease" as a symptom complex brought about, as suggested by Osler, through interference with the cerebral circulation, but not necessarily associated with arterio-sclerosis. Hence it may be symptomatic of varied morbid conditions, and is, in my judgment, hardly deserving of a special disease name, though it can do nothing but good to call attention to such a definite symptom group.

Prognosis would depend upon the disease that was operative as a cause of the symptoms, but I think that it would seldom be favourable, especially in elderly people, in whom the symptoms have been most frequently observed. Cases have, however, lasted a good many years, and ought therefore to be treated hopefully with a view to prolonging life to the utmost.

We are now in a position to look at the treatment of such cases. We will require, like our friends of the old school, to have at hand in emergencies strychnine for hypodermic use; usually $\frac{1}{30}$ gr. will not be found too much to use, and its effects are very soon visible. The attendants should be instructed how to administer amyl nitrite from the capsules where symptoms of faintness supervene. I have also usually left a few $\frac{1}{100}$ gr. tablets of nitro-glycerine, and told the friends to give one at the same time, since the effect of nitro-glycerine is more lasting than that of amyl in dilating the blood-vessels, and thus of relieving the heart. The patients should have every care and attention, and should be warned against excitement and over-exertion. Food should be given in small bulk only and at frequent intervals, and the bowels should not be allowed to become confined.

Amongst remedies directed against the whole morbid

state, arsenic stands out as more clearly indicated than any other remedy, and there could be no objection to giving it in the form of the iodide, possibly in the 3x trit. regularly. The remedy covers well the weakness, the faintness, the vomiting, the heart pain, the cough and dyspnoea, and the cardiac and arterial degenerations noted in the various cases.

Secale would be suggested in those cases where the arteries were much affected by sclerosis. It has also slow pulse and dyspnoea and painful precordial sensations, also drowsiness and lethargy.

Baryta, cactus, and kali hydriodicum are remedies more or less related to the symptoms under consideration. Cuprum, also, would have a place where there was any approach to angina, and apomorphia for vomiting of a cerebral type, indicated where this occurs suddenly and without much nausea. Digitalis, strophanthus, and crategus will readily suggest themselves where likely to do good, that is, when heart failure appears to be setting in.

PRACTICE IN A MILITARY HOSPITAL.

By LT.-COLONEL H. E. DEANE, R.A.M.C.

(Continued from p. 217.)

CASE 7. *Acute diffuse myelitis*.—A Royal Garrison Artilleryman, aged 21, of six years' service. Admitted 22nd June, 1903, complaining of pain across the loins, much increased on movement, and great tenderness on pressure. Tongue coated uniformly white. T. 100. He says the pain came on two or three days before, after having been lifting guns in the course of his duty. At night of 22nd he complained of inability to pass water, and a catheter was passed, urine being normal. Catheterism was necessary the next day. On the night of 24th he complained of great pain at tip of penis, and across the back, and down outside and back of left thigh. The Orderly Medical Officer, who was called to him in the night, thought the symptoms pointed to a renal calculus. Later, Major Le Quesne, V.C., took a skiagram of the abdomen, but nothing was found to elucidate matters. On 25th, bladder distended, and urine drawn off was ammoniacal and claret-coloured, depositing ropy mucus, and displaying abundant triple phosphate crystals.

Catheterism, with few exceptions, was in future necessary, and bladder was washed out at intervals with boric acid. The blood lessened at times, but urine was always ammoniacal. Bowels -confined all through. From the 26th the following was the progression of symptoms: Rapid emaciation, acute pain in small of back with tenderness, sometimes worse on one side than the other; acute "electric-like" pains in arm-pits when moved, running along the arms; pain in left side of chest, which latter subsided for a time to be followed by pain in back of neck, and on 30th said there was no pain in small of back. On this date the anus was found patulous, the sphincter being widely dilated. Abdomen became tympanitic, being less so at times; motions and urine passed in bed without sensation. On the 4th July he asked for a bed-pan for the first time, and a semi-solid motion passed. Left pupil much dilated, and pains across the chest, and on this date was the first noticeable sign of limb paresis. There was no loss of tactile sensation detected anywhere; left plantar reflex slight, right absent, knee-jerks absent, also abdominal reflexes; can move legs, cannot flex elbows, and there was complete loss of power of extension of right wrist, and very slight power on the left. When the arms were moved the pains were like "electricity," he said. His mental faculties remained clear to the end. Breathing became thoracic and shallow, and he died on 5th July, fourteen days after admission. His temperature ranged from between 99° and 100° to about 102°.

CASE 8. *Stenosis of pylorus*.—This patient was aged 31; he was a man of eleven years' service, invalided home from India after ten years out with a dilated stomach, the result of an ulcer. He came home in March, 1903, after being eight months in hospital in India, and I saw him on 1st July. He presented the classical signs and symptoms of dilatation of stomach, peristaltic action being visible, and the stomach resonance measuring 6 inch vertically and 7 inches transversely at level of umbilicus. Lavage was performed on one occasion with considerable relief, but the operation caused so much vomiting along the tube he could not be induced to keep the tube in. Morphia was injected to relieve the intense pain he got at night, and which came on very suddenly. The man was emaciated, and his condition miserable generally. I represented to him that it would be better

for him to be invalided at once and get advice regarding operation; and as Mr. Knox Shaw kindly agreed to take him into the London Homœopathic Hospital, I had him brought before an Invaliding Board and sent him direct to the Hospital. Mr. Shaw informed me he performed an anterior gastro-jejunostomy, and in a few days he was discharged well.

Remarks by Mr. Knox Shaw.—T. B. was admitted into the Hospital on July 18th, 1903. He gave a history of gastric pains off and on for four years, accompanied on one occasion with severe hæmatemesis, but generally frothy vomiting at intervals. He had, as Colonel Deane remarked, classical symptoms of pyloric stenosis. He was submitted to operation on July 21st, when a hard mass was found in the pylorus, which was adherent to the under surface of the liver and to the deeper parts, quite preventing the pylorus being brought out from the wound. The condition was considered to be one of ulceration of the stomach, or possibly duodenum, with peri-pyloric peritonitis. An anteriopylorostomy by simple suturing was performed. The patient made a rapid and uninterrupted recovery, and left the hospital Aug. 8th, eighteen days after the operation, quite relieved of all his symptoms. He has since reported himself as being very well.

TOPICAL, MENTAL, AND SOCIAL ASPECTS OF BRAIN FUNCTION, ILLUSTRATED BY CASES OF DISEASE.

By GILES F. GOLDSBROUGH, M.D.,

Physician for Diseases of the Nervous System to the London Homœopathic Hospital. Member of the Aristotelian Society for the Systematic Study of Philosophy.

(Continued from p. 365.)

CASE III. *Cerebral traumatism; Hystero-epileptic seizures; Impairment of memory of personal identity; Exploration of motor area; Improvement and relapse.*—H. J., age 21, male, a manager of corn stores, sent by Dr. Pincott, of Tunbridge Wells, was admitted into the London Homœopathic Hospital on May 10th, 1904.* The family history was unimportant.

* The notes are by Dr. C. Osmond Bodman, *Resident Physician*:

Personal History.—Pneumonia at 14 years of age; bronchitis at 11 and 12. Patient had always a weak chest. Scarlet fever also as a child. An attack of bronchitis at 16 months had been followed by congestion of the brain, when he was unconscious for three days. Always excitable. The present illness dates from August, 1901, when patient had a severe blow on the top of his head, from which he was unconscious for about three-quarters of an hour. Since then there has been severe heavy pain in that region extending to the temples. In October, 1901, the patient had an attack of loss of memory and personal identity. Without remembering anything of the fact, he took train to Hastings and went to see a brother without notice of so doing. He was brought home after two days. At present the two days are quite a blank. The headache was much worse after this, otherwise the patient kept well until six months ago, when he took train to Portsmouth one evening, and was found the next evening by a friend asleep on the beach. The friend removed him to the barracks where he (the friend) was quartered. Patient could not give any account of himself; he had no motive for leaving home. The pain had been much worse before going away, and was much worse afterwards. Since that time patient says he has "lost his senses" three or four times. An attack begins with a gnawing feeling in the temples and occiput; he then loses consciousness and falls, but never hurts himself. During the attack he fancies he sees houses and a sheet of water. Afterwards he is drowsy and trembles from head to foot. He never has involuntary micturition. On waking in the morning he sometimes finds pieces bitten out of the sheets. He sometimes wakes with a headache. Never bites his tongue. He sometimes has slight attacks of giddiness with hallucinations, but does not lose consciousness. Always sober; smokes a little. His memory has been bad lately. Had fainting fits before his accident occasionally.

Present condition.—Well nourished and healthy-looking. Tongue moist, fairly clean, not tremulous. Pulse 84, regular, good volume. Chest ill-developed; marked retraction of lower part of sternum, a depression 2 inches deep there. Breath sounds weak, but otherwise normal. The apex beat of the heart not found. Heart dullness from the fourth rib and mid-sternal to nipple-line. Sounds

weak, but not otherwise abnormal. Marked fine tremor of the hands; grasp of both hands weak, especially the right, and flexion and extension of right arm less powerful than left. Dynamometer registers R. 130, L. 136, compared to normal, R. 220, L. 200. No alteration in gait or co-ordination. No nystagmus or strabismus. Pupils equal, not contracted; react to light and accommodation. Vision good, except patient complains of letters running together after reading a little while. Both optic discs hyperæmic, veins large and tortuous, those on left side irregularly dilated. Examination of refraction by Mr. Knox Shaw gave the following result:—

$$\begin{array}{l} \text{R. E. } \frac{1}{8} + 1.5\bar{c} + 1 = \frac{6}{3} \\ \text{L. E. } \frac{1}{2} + 1.25\bar{c} + 1 = \frac{6}{6} \end{array}$$

Great excess of convergence on accommodation from +2 to +10. Ordered glasses +1 sph. for both eyes. Hearing good. Well-marked analgesia on the right side of the whole body, fairly accurately limited by the middle line. Reflexes all normal. An examination of the skull indicates a grooved depression in the left frontal region $2\frac{1}{2}$ inches in length, reaching from the middle line $4\frac{1}{2}$ inches from the fronto-nasal suture to $3\frac{1}{2}$ inches above the external angular process of the frontal bone, and the same distance from the upper border of the zygoma. Scalp very tender.

Progress of symptoms.—May 12: Patient had an attack of what appeared like '*petit mal*' to-day. He gradually lost consciousness, had stertorous breathing, clenched teeth, the attack lasting a few minutes, followed by giddiness, stupor, and loss of memory. Belladonna 30 was given him every four hours. He was kept in bed in a darkened part of the ward.

May 16.—A fit this morning; violent convulsions: was seen by Mr. Knox Shaw, who expressed the opinion that the attack was of the nature of hystero-epilepsy. It began with twitching of the left eyebrow, spreading to the hand and leg of the same side, afterwards to the right side in less degree. General convulsion followed; violent struggling, aggravated by attempted restraint, relieved by cold application to head.

May 17.—A slight attack this morning. Patient jumped up as if he had severe pains in his head. Head has been shaved, and the depression in the bone noted above

can be clearly seen, also a scar about 2 inches long across the middle line from the depression.

May 21.—Has had two or three more attacks of similar character, one lasting thirty-five minutes, followed by a condition of stupor. There is no involuntary micturition during the attacks.

May 23.—Ignatia 3, *mj* every four hours, was prescribed. Attacks occurred subsequently on June 3, 5, 17, and 18. The headache continued; the left pupil became dilated. Patient says he does not know anything about the fits, but appears to know he has had them. He arranges his pillows at night to prevent knocking himself. A consultation of the hospital staff was held with a view to a decision on the question of operation on the depression in the bone. The opinion arrived at was that it would be better to temporize and treat by medicine for a longer period. With an explanation of the nature of the attacks, and that they were probably under the control of the patient's will, he was discharged from the hospital on June 21.

On *July 19* he was re-admitted under the care of Mr. Knox Shaw with a view to a trephining operation. Since being discharged a month before, he had suffered from a great deal of headache in the left frontal region of a dull, aching character, with sharp shooting pains at times. Had two fits of a similar character to those described.

On *July 22* trephining was performed by Mr. Knox Shaw. A disc of bone 2 inches in diameter was removed from over the groove which had been felt through the scalp, immediately to the left of the middle line and including part of the coronal suture. The skull and dura mater were thicker than normal. There was no irregularity on the inner surface, or sign of fracture, no localized thickening or cyst of the dura. A small incision was made in the dura, but nothing abnormal discovered. The disc of bone was replaced, and the periosteum and scalp sutured over it.

July 23.—Patient complained of some headache. Belladonna 1x, *mj* in two hours, was given.

July 30.—There have been no symptoms to record. Headache almost gone. Eats and sleeps well. The wound on first dressing was found to be healed and dry.

On *August 9* he was discharged.

On Feb. 7 of the present year, in reply to an enquiry, I received the following communication from Dr. Pincott: "Until lately I thought H. J. was much benefited by the treatment he received, but last month I was called to see him in a great hurry, and found him in a very wild, excited state. He did not appear to know anything as to who was with him or where he was. Part of the time he rambled about the London Homœopathic Hospital, thought you were detaining him, and then for a few minutes he became almost violent. I was told he had had several of his 'vacant turns,' and had wandered away from home, but that I had not been sent for." Dr. Pincott also informed me that there was some evidence that alcoholic indulgence may have been a cause of the recurrence of the attacks as described.

Remarks on diagnosis.—The chief medical interest of this case centred in the question of diagnosis, whether or not the patient had received a structural injury to the skull or brain, and that his symptoms were due to that, or whether they were due to mental shock from the accident upon an unstable or feeble mental development. The symptoms observed pointed to the first alternative as quite possible, the pain complained of and the depression in the bone giving most weight to this view. The definite symptoms pointing to the motor area as the seat of an irritative lesion were of a very doubtful character, although in a general view they suggested there must be some affection of that region. Of definite lesion there, epileptiform seizures of the Jacksonian type, and monoplegia or hemiplegia, are the usual signs; in the place of these in our patient, quasi-convulsive seizures of a general type, some weakness of grasp in both hands, emotional disturbance, slight visual hallucinations, and disturbance of memory and personal identity. The symptoms did not warrant the diagnosis of definite irritative lesion, and operation on that account, but they suggested the advisability of exploration, and also that, even if nothing were found which could be removed, a performance of the operation might have a good moral effect upon the patient's mental state. This diagnosis was not immediately pushed to its issue in treatment, with the anticipation that moral treatment could be carried out without exploration. But this proved not to be the case. The patient's mind had been so impressed with the consciousness that he had

sustained some definite injury to the brain, that he could not be roused to control the onset of the convulsive seizures, so it was thought advisable to perform exploration, and hence the second admission to hospital. The result, as stated, set aside the view that there was any definite lesion in the Rolandic area, and that the symptoms complained of were due originally to shock upon a mental development never of a high order or stability.

Remarks on psychological aspects.--In view of the result of exploration, a doubt at once arises whether the effect of the blow on the top of the head, as described, was upon the motor area at all, or whether the symptoms are to be looked upon as the effect of general concussion. By comparison with the last case (*see* May, p. 281), in which mental symptoms pointed distinctly to injury of the frontal lobes, the present case points in a similar manner, although less severely, to the motor region as the seat of injury. The pain was referred to that region; an abnormal thickness and depression of bone was found there, of course not due to the injury, but suggesting want of symmetry in development. There was decided weakness of power in both hands, the occurrence of quasi-convulsive seizures, lapses of memory, especially associated with personal identity and whereabouts. All the symptoms pointed to a general injury to the motor region, or the region of volition bilaterally, and as having induced a lowering of volitional tone, which in some degree the patient may have suffered from before the occurrence of the injury complained of, but which was evidently increasingly determined or accentuated by the injury. This appears as the most clear and convincing view that can be offered of the pathological aspect of the case. If this view be correct, and it can be agreed that the Rolandic region bi-laterally has been subjected to a severe concussion, the case offers several very interesting suggestions for correlation and confirmation of previous remarks. This case links on consciousness with volition and personal identity to the bilateral motor region of the cortex, the two sides of which are connected by the association paths in the corpus callosum. If it can be accepted that this region received the chief share of injury in the above case, the concurrence of the symptoms lends strong support to the view that this region bilaterally and through the associative connection of both hemispheres, is the central seat of

personal consciousness as union or whole, the latter finding its focus for presentation as personal identity through the auditory or visual and motor speech centres (see diagram on p. 284). What is experienced as identity consists of a memorial continuation, with interruptions of presentation, feeling-tone and volition, relatively in one and all given moments of experience. This suggestion of correlation is borne out by the sudden occurrence of loss of consciousness in major epileptic seizures, the gradual or incomplete loss in minor attacks, and the usual maintenance of consciousness and personal identity throughout, in seizures epileptiform in character but evidently affecting the sensory presentation areas alone. This view also lends very fruitful suggestions to an explanation of the occurrence of so-called alternations of personality, some evidences of which were exhibited in the above case, and the records of which fill many pages of psychological text-books. No one forgets the fascinating story of Dr. Jekyll and Mr. Hyde, the psychological background of which has its foundation in experience. Alternations in personality occur in persons whose volition is habitually unstable, or in the course of whose lives the highest mental function is diverted as volition, first along one channel of ideas and emotions, and then along another. A surrender of will to emotion or idea tends towards absorption of personal consciousness in that wave or sphere of emotion or idea. The particular state known as the emotion becomes the predominant consciousness, or it may consist of a fixed idea with which self and reason are identified. If, in addition, in the central region of consciousness, memory is impaired, there appears to be nothing to prevent an experience of alternation of personality. If the above view be correct, and will is surrendered to emotion or idea, the change of consciousness so designated would consist in change of personal consciousness to another person apparently in time, memory of time in the consciousness of identity being impaired or obliterated in the experience. The essential feature in these alternations is the total change of the time relation, related to the thought of self, and explicable only on some such hypothesis as that above given. The normal, fully-balanced reproductive function of the whole brain involved in volition being in abeyance, this activity, where normal, being in intimate connection with the presentation of personal identity, consists to

experience of another personality than the normal, with no time-connection between them.

The emotional tone of the patient under consideration at the time he came under treatment was that of injury; a distinct, though vague, feeling of hurt, a condition so commonly experienced as an idea by persons suffering from traumatic neurasthenia, and so commonly relieved by what they consider to be adequate compensation for their injury. The continued presence of this emotion, accompanied by pain in the head and consequent impaired powers of attention and volition, probably, easily led the above patient to identify the thought of himself with the emotion and idea of injury, and thus surrender what of an otherwise normal state of his volition remained for normal occupation to the apparent need for relief of the felt injury, attention being given to feeling as idea, without voluntary effort as a normal sequence. Paths in the cortex would thus be set free for disturbance in the motor area, and thus also might occur either impairment or loss of the normal presentation of personal identity, or instability of centres permitting of quasi-convulsive seizures preceded by emotional changes.

Some such experience as thus described was probably the course of the patient's mental experience, and the condition would undoubtedly be relieved by a plan of treatment or an operation which to the mind of the patient would relieve him of the injury, as, indeed, proved to be the case, and would be followed by a representation, the ideals of life as motives for will. Again, in accordance with the law of repetition or habit of the nervous system, a similar condition might be re-excited by any cause calculated to weaken volition, for example, indulgence in alcohol, patients who have suffered from traumatism being specially susceptible to this influence.

The mental fact of surrender of volition to emotion as idea forms the essential background of hysteria, also in a more intense degree the hypnotic state, and the various phenomena of these states receive considerable elucidation if the motor area be regarded as the seat of the central consciousness, in union with the presentation paths of personal identity through the motor speech area; but these aspects will be better illustrated in the cases which follow.

The next case exhibits a combination of a hysterical

state with symptoms mild in character, but definite enough to warrant the diagnosis of a small growth in the pons or cerebellar peduncles, and hence is illustrative of the mental aspect of hysteria in question.

CASE IV. Cerebral Tumour (?) complicated with hysteria ; partial recovery by suggestion.—B. S., age 38, female, single, occupation housekeeper, came to me as an out-patient on Jan. 1, 1900. She had recently been discharged from the hospital by Dr. Blackley, under whose care she was from Oct. 16 to Dec. 24. The diagnosis was cerebral tumour.*

Family history.—Father living and well ; mother living. Had been insane for years. Two brothers died in infancy, also two sisters ; one sister living and well. No other neuropathic history.

Personal history.—Patient has been in several hospitals, having suffered at intervals with weakness of the legs and back, also of the eyes and speech. Had always been delicate. An accident at two years of age ; fell out of perambulator and hurt her head severely. First felt present weakness, which came on gradually, at 24 years of age, with weakness of right leg and increased difficulty of speech. She had never spoken quite clearly. She was in Middlesex Hospital for this, and improved after a time. Since then she has had three or four exacerbations of weakness, until the condition became as at present. She was once in University College Hospital without benefit.

Present condition.—Examined on Jan. 24, 1900. Facial expression asymmetrical. Is depressed and hysterical. Sleeps badly and dreams much. Some hesitation in answering questions, but no genuine aphasia. Articulation feeble, especially for gutturals. Stammers occasionally, words sometimes uttered with much effort at first. Continuous, dull, pressive headache, especially on vertex. Occasional vertigo as of moving round. When attempting to move, patient has tendency to turn to the right. No aura or convulsions at any time. Slight proptosis of the right eye, good deal of lachrymation, right pupil larger than the left. Tension of eyeballs somewhat increased. There is some convergence of the right eyeball with occasional diplopia, one object seen above another after much use of the eyes. Accommodation

* For some of these notes I am indebted to Miss Edith Neild, M.B. Resident Physician.

weak with right eye, better with the left. There is some blurring of the disc, with indistinctness of the vessels on the right side, slightly also on the left. Hearing is defective on the left side; she hears a watch at 12 inches from the meatus, and feebly through the mastoid process and frontal bones. Taste diminished generally, both front and back of tongue. Sensory system otherwise normal. No hemianæsthesia. Cannot stand erect unaided, nor with the eyes shut. The gait is ataxic, with swaying of the trunk and a tendency to fall forward. Grasp of left hand weak, and she drags the left foot. There is occasional coarse tremor of the left hand. Of the superficial reflexes, the plantar was diminished, the abdominal and epigastric absent. Both knee-jerks were exaggerated, and ankle clonus was noticed on the right side. Sphincters normal. No trophic change. Heart somewhat dilated. Sounds feeble, especially the aortic. Mitral systolic murmur. Pulse 72, force and tension good.

Treatment and progress.—This patient has been under treatment as an out-patient until recently almost continuously since her first attendance, an endeavour being made to treat her condition symptomatically. The medicines of most use were bovista, gelsemium, belladonna, ignatia, and strychnos phos. In the year 1901 I admitted her into Quin Ward, where she stayed for a month. According to the notes taken on that occasion by Dr. P. A. Ross, the difference in her condition from that above described was as follows: Tactile sensation was impaired, but not absent, on the right side of the face and trunk and the right arm and leg. She drags the right leg more than the left. The plantar reflex was present and increased. She had occasional incontinence of urine. Cactus 3x was given to her while in the hospital.

During the past year she has made considerable progress. On the last occasion (Dec. 3, 1903) she visited my out-patient clinic, she walked into the room with very little ataxia, holding her head erect, and speaking much better. No dragging of the foot. Eyeball much better, and face looks symmetrical. Some headache was complained of, and I found the right optic disc in much the same condition as above described.

Remarks on diagnosis.—On first seeing this patient, for some time I was inclined to regard the condition as one of lesion, probably tumour, in the neighbourhood of

the right pontine region and superior cerebral peduncle ; the symptoms were certainly of sufficiently definite and localizable character to warrant this diagnosis. Operation was out of the question. Latterly I have thought my original opinion susceptible of modification, and that all through the history, although slight definite lesion was undeniable, the preponderant state was one of hysteria. Early exacerbation and improvement in the symptoms, with more rapid improvement lately, tend to confirm the latter view. And, if this view be correct, the hysterical state may readily be accounted for by mental exaggeration of the real state on the part of the patient. When once an ataxic or parietic condition sets in, not dependent on localized lesion of the cortex, the central part of consciousness being localized in the motor area, unless volition to overcome it is continually and repeatedly exercised, the state would inevitably become exaggerated. But in the present case, that of a single woman, a weak volitional development, always complaining as she was and endeavouring to excite sympathy, consciousness would readily become identified with the morbid state, and it would thus become volitionally exaggerated, and other symptoms would be added by suggestion. As evidence of this, in the course of her illness she had induced some friends to supply her with a pair of crutches ; these she had used for about eighteen months. She had occasion to see a medical man for some slight ailment, and he informed her that it was wrong for her to use crutches, they would do her harm. She appears to have been impressed with this opinion, and forthwith began to try to walk without them. This resolution and exercise of volition was the beginning of recent improvement in her case. The exaggeration of the symptoms thus passed off, and left the slight, definite ones behind as pointing to a very slight lesion, by comparison with what was believed at first by all her medical advisers to be a serious one.

(To be continued.)

HAHNEMANN'S MATERIA MEDICA.

By ALFRED C. POPE, M.D.

THE *Materia Medica* forms the source of the physician's chief element of control over disease of the organism. The researches of HAHNEMANN have determined our

precision in utilizing it and studying it, so much so as to have rendered it the most important department of therapeutics, that over which we have most control. During the last fifty or sixty years the great majority of the profession of medicine have lost confidence in the value of medicines in the cure of disease. From SKODA, of Vienna, onwards, until the late Dr. MOXON, of Guy's, told his students to regard drugs as "aids to faith in the weary time," mixtures, draughts, pills, and so on, came to occupy a very subsidiary place in the advice of the physician directing a patient in employing means for the restoration of his health. This scepticism as to the advantage of prescribing drugs, has led to careful inquiry as to the use of other means of modifying the health of the body. A class of, to all intents and purposes, remedial measures termed *hygienic*, became the object of much increased thought, much more elaborate, more careful research. Climate, dress, exercise, rest, food, the use of water at different degrees of temperature and in various modes of application, nursing, to say nothing of electricity, have each and all received an amount of enquiry which has resulted not only in affording much assistance to the sick, but has been fraught with many advantages to those in the enjoyment of health.

Drugs, however, are far from having been abandoned as therapeutic agents. Some doubtless regard them as merely means of exercising a hopeful mental influence, like Dr. MOXON; but many still prescribe them with a confidence that the end which they try to effect in doing so is desirable, and will be accomplished by them. Faith in the power and efficiency of drugs prescribed on old-fashioned lines is not dead. The present method of studying drugs, derived from HAHNEMANN, of which we have a good illustration in the study of *gelsemium* by Drs. RINGER and MURRELL, of ascertaining what they will effect when introduced into the body, is more exact, more carefully applied, than it was fifty years ago. The uses to which drugs may be put, in the full expectation that they will fulfil the object wherewith they are prescribed, are far better known than they were at that period. The works of Dr. SYDNEY RINGER and Dr. CHARLES PHILLIPS in this country, of the WOODS and Professor BARTHOLOW of Philadelphia, have taught the great body of the profession a great deal that they

were previously unacquainted with. In so far, then, these authors have done, however incompletely, a very useful work. It is only to be regretted that they have not done it in a manner more worthy of the profession of medicine, and of the positions they occupy in it. It is true that there is scarcely an *original* observation of practical therapeutic value in the volumes of either one of them; it is true that neither has given the profession any clinical hint of importance that had not been known and published many years before; but all this notwithstanding, and though ungenerously ignoring the work accomplished by HAHNEMANN, to whom they, in common with ourselves, owe so much, they have done good service, in that they have enabled physicians, who were by prejudice and other influences debarred from looking into homœopathic literature, to become acquainted in an empirical way with some of the results of homœopathic practice. They have made more widely known therapeutic applications of drugs that, in the phraseology of one author, have "already arrested attention." They have not, however, dared to point out how this attention came to be arrested, and have in the majority of instances carefully refrained from stating whose attention it was that was so arrested.

In the present paper, I propose to consider a few of the chief points in the study of the *Materia Medica* to which HAHNEMANN has directed our attention.

In the *first* place, I will define the *Materia Medica*; and *secondly*, will consider how it is to be studied and applied in the practice of medicine. To be an article of *Materia Medica*, a substance must be possessed of the power of modifying in the direction of disturbance, the health of the body in some one or more of its functions. It is in the possession of this power that a substance which is a drug differs from one that is a food. The food builds up all the tissues; the drug irritates one or more of them.

Furthermore, for a drug to be recognised as an article of *Materia Medica*, it is necessary that we have a knowledge of the direction in which the health of the body is disturbed by it. In order that we may be able to take advantage of the homœopathic law as our guide in practice, more than a knowledge of the mere direction in which a drug acts, of the tract or organ which it influences, is required. We must know how it influences the tissues, must understand its mode of action, the kind of action it exerts, or

at any rate must be well informed as to how it manifests its influence. The simple fact that a drug produces diarrhœa, is not sufficient to justify us in prescribing that drug in every case of diarrhœa we meet with. In order to get a truly curative agent in such a case, we must endeavour to ascertain the morbid condition of which the diarrhœa is the practical outcome, both in the case of the drug and of the disease. At any rate, we must ascertain the mode in which the drug diarrhœa, and the natural diarrhœa, are expressed. The character and frequency of the stools, the presence or absence of pain, and, when present, its position, its character, and the conditions under which it is aggravated or relieved; these, together with the concomitant symptoms that are present at the same time in the head, chest, or other part of the body, must be carefully studied ere we can be fully satisfied that we have a homœopathic remedy for our case of diarrhœa.

In forming a diagnosis—in the endeavour that is, to trace the diarrhœa to some specially disturbed tissue or condition—we direct our attention to just such circumstances. On the results of our enquiries do we form our conclusion as to the disease with which we have to deal. The action of a drug in the healthy body gives rise to an artificial disease, and the tissues affected are to be ascertained precisely in the same way as they are in the natural disease. Hence we have to study the actions of drugs much in the same manner as we have to investigate the processes we call diseases. We have to examine the symptoms produced by each drug, and endeavour to trace them to some definitely disordered condition. Occasionally, our best designed efforts in this direction will fail, and then we fall back upon a minute comparison of the indications of the morbid processes at work, with those afforded by drugs of the morbid processes they set up; feeling, in so doing, thoroughly assured that when the manifestations—the symptoms—are, in their totality, closely alike, the conditions determining both are very similar.

Thus it will be seen that to obtain the full advantage from the law of similars, in selecting a medicine to cure a given morbid condition, we cannot determine our choice by the nosological definition of that condition. For instance, in so common and well marked a disease as scarlatina, in many instances belladonna will answer our purpose

in prescribing a medicine better than any other; but the cases are numerous where belladonna is of no use at all, and that simply because it does not correspond in the symptoms it produces on the healthy, with those in the case under consideration. In such cases probably *carbonate of ammonia*, *apis mellifica*, *rhus toxicodendron*, *stramonium*, or *ailanthus glandulosa* will be far more efficient, for the simple reason that they are far more homœopathic. It is not because belladonna is a useless medicine in scarlatina that it fails in a particular case, but because it was not the homœopathic remedy in that case. As illustrating this point, I quote a case reported by the late Dr. BAYES, on Intermittent Fever, recorded in the *Annals of the British Homœopathic Society* (vol. i. p. 457).

"The first of these four cases," says Dr. Bayes, "was the longest case of intermittent I have treated; the patient was nine weeks under treatment. I gave several remedies in succession with little effect—quinine, china, both in bulk and various dilutions; arsenicum, etc. At last I did what I ought to have done at first, carefully consulted the symptomatology, and gave phosphoric acid, which speedily reduced the volume of the symptoms, and finally cured the disease." *

In this case many of the symptoms were similar to those typical of cinchona and arsenical fevers, but there was some condition existing—pathologically inappreciable—but of sufficient importance to render the whole morbid state unamenable to any remedy which did not correspond to the symptoms of this inexplicable peculiarity, as well as to the more prominent and better understood symptoms of the fever. No alteration of the dose or dilution availed, the medicine chosen it was that was in fault; this being corrected, the disease yielded.

While, then, the right comprehension of a medicine's sphere of action, or a correct understanding of the nature of its effects on individual organs and tissues, are essential to enable us to appreciate the value, interpret the meaning, and gather the connection of the various symptoms occurring in different parts of the body—we must not rest

* Dr. Bayes has informed me that the symptoms in this case were those of a short cold, and a sharp hot stage, followed during the night by profuse and exhausting perspiration, thus showing a close analogy to the symptoms produced by Phosphoric acid.

satisfied with this amount of knowledge. We must carefully study the individual peculiarities of each drug, if we desire to be as successful in curing disease as the means at our disposal admit of our being.

It is to allow of our prescribing not merely for diseases, but for cases of disease, that the *Materia Medica* has received that amount of painstaking, careful, and minute examination that it has done from HAHNEMANN, and from all who have endeavoured to follow in his footsteps.

(To be continued.)

REVIEWS.

Childhood in Health and Sickness. By J. ROBBERSON DAY, M.D. (Lond.), etc., Physician for Diseases of Children at the London Homœopathic Hospital. London: Kegan Paul, Trench, Trübner & Co., Ltd., 1904.

In this excellent book Dr. Roberson Day gives us a form of treatise which was very much needed. It is not a work written for the profession, who know already all that it contains, though they might read it with profit on account of the important practical details embodied in it. Nor is it a popular work on the homœopathic treatment of diseases of children, aiming at enabling parents to treat their families in an amateur fashion instead of sending for the doctor. But it aims at being a *vade mecum* for mothers in teaching them in a clear and detailed manner what is necessary for the health and management of their children to prevent illness in the first place. A large part of the book is thus taken up with prevention rules, so that when attended to and carefully carried out, the probability of illness is diminished. And when illness does occur, Dr. Day's aim is not to give full directions as to treatment, but rather to indicate what the mother should do as a "First aid," before sending for her medical adviser. All the troubles that childhood is heir to are described carefully and well, in such a way that any intelligent mother cannot fail to understand what is written, while the simple directions what to do as "First aid" are clear and excellent. We cannot quote passages illustrating what we have stated, as we should find ourselves extracting half the book, but all the chapters are admirably done, and several of them are illustrated by woodcuts that elucidate the letter-press.

Dr. Roberson Day's book will, we predict, have a very wide

circulation. It ought to be in the hands of every mother who wants to know the essentials of the health of childhood, and what she should do to maintain this health at its highest level, while she will find it invaluable in the way of "First aid," in all cases of illness or accident, and so save time while sending for her doctor. Every practitioner ought to have the book, if for no other reason than to be able, from personal acquaintance with it, to warmly recommend it to his patients.

A Syllabus of Diagnosis. Being a series of questions based upon a work on Clinical Medicine by Dr. CLARENCE BARTLETT, and a course of lectures on Physical Diagnosis by Dr. E. R. SNADER. Prepared by WILLIAM F. BARKER, A.M., M.D., Clinical Instructor of Medicine in the Hahnemann Medical College of Philadelphia, Pa. Philadelphia: Boericke & Tafel, 1904.

THE heading of this little work, "A Syllabus of Diagnosis," is, perhaps, somewhat misleading, but the second half of the heading explains what it is. It is, in fact, an elaborate series of questions which the student is supposed to be able to answer. To go through these questions will at once show the student how far his knowledge extends, and put him in the right path for supplementing his deficiencies. In this way the Syllabus will be of much use as a mental stimulant, and when the student can answer all the questions correctly, he is to be congratulated.

Hydrogen Peroxide. Part I.—Analytical Methods. Part II.—Its reputed action on Manganese Dioxide. By JOHN McLACHLAN, M.A., B.C.L. (Oxon), M.D., B.Sc. (Edin.), F.R.C.S. (Eng.), etc. Bristol: John Wright & Co., 1904.

THIS is a very able and elaborate pamphlet on the above subject. For those of our readers who are expert chemists, it will be interesting and instructive, but we fear that others will find it go rather over their heads in depth. It shows, however, with what a wide range of study the author is, conversant, and with what hard work he occupies what time can be cut out of a busy practice.

Fruits, Nuts, and Vegetables: Their uses as Food and Medicine.
By ALBERT BROADBENT, F.S.S., F.R.H.S. Manchester, 1904.

AT the present day, when questions of dieting and foods come so prominently into notice, the value of fruits, nuts, and vegetables as foods—the two former not as mere luxuries

to be thrown in at the end of a full meal, is not by any means appreciated by the public, nor, we may add, by many practitioners. In this work, Mr. Broadbent gives an excellent summary of the subject, detailing the value and composition of the various food products of this important class, with recipes for the cooking of them in different forms. We can heartily recommend our colleagues to get this little work, which only costs threepence, and which contains much valuable information. It should also be in the possession of every mistress of a house, to guide her cook in the use and preparation of many wholesome and neglected dishes. It is published by the Author.

The Chronic Diseases : Their peculiar nature and their Homœopathic Cure. (Theoretical part only in this volume). By Dr. SAMUEL HAHNEMANN. Translated from the second enlarged German Edition of 1835 by Prof. LOUIS H. TAFEL. Philadelphia : Boericke & Tafel, 1904.

THIS immortal work by Hahnemann requires, of course, no reviewing. The *raison d'être* of its publication is thus stated in the Publisher's Preface. "This volume, which contains the theoretical part of Hahnemann's Chronic Diseases, has been issued at the urgent request of several Professors in Homœopathic Medical Colleges, who wish to use it as a College Text Book."

We welcome its issue in this form. It will thus become more known and more read by students and practitioners at the present day than, we fear, it has been. We fondly hope that every homœopathic practitioner who has not got a copy of the "Chronic Diseases" will fill up this blank in his library by immediately procuring a copy, and, we may add, carefully reading it. It will be observed that in this edition only the theoretical part is reproduced.

Transactions of the American Institute of Homœopathy ; 59th Session. Held at Boston, Mass., 1903. Edited by Ch. GATCHELL, M.D., Chicago.

As the American Institute of Homœopathy is about to hold its 60th Session (1904) at Niagara Falls just as we are going to press, it may seem rather late in the day to notice the Transactions of last year. This, however, is not our fault. The volume was very late of being issued, and we only received a copy just in time to acknowledge its receipt in our May issue.

The Transactions of 1903 contain many able, valuable and interesting papers, with the discussions on them, which were read at the various sections. It would take too much of our space to go into them in detail, as the volume is a large and handsome one of over 700 pages. But it forms a valuable work of reference, to say nothing of the interest one has in reading the papers. We there get a good idea of the practice and development of homœopathy in America during the past year, and we look forward to the receipt of the Transactions for 1904, which we hope it may be possible to issue somewhat earlier than those of 1903. Meantime we congratulate our colleagues across the water on the amount of excellent work produced at the 1903 Session of the Institute.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the Session 1903-4 was held at the London Homœopathic Hospital on Thursday, June 2nd, 1904. Dr. Herbert Nankivell, President, in the Chair.

Specimens of malignant ovarian tumour were exhibited by Dr. Neatby.

A new aseptic thermometer was shown by Dr. Granville Hey.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Dr. J. R. P. Lambert read a paper on "Silica clinically considered: its General Action and Characteristics; Clinical Cases; Comparisons."

A few clinical cases were offered to emphasize the characteristic symptoms and most important uses of Silica.

CASE I.—E. G., age 45. Neuralgia in head every time she gets cold—always one-sided. Pain very acute and of a throbbing character. Even at night obliged to keep head covered. Pain relieved by warmth. Used to have cold feet. Perspires a good deal. Suffers from general weakness. Catamenia regular. Headache worse at that time. Suffered for 23 years. Ordered Sil. 200—a dose at bedtime. Reported herself after four doses. Much better. Able to go about without anything on her head. No report since.

CASE II.—M. P., age 29. Came under treatment October 8th, 1902. Never been strong. Pain in head and weakness. Headache begins in right temple and goes all round the head. Worse after meals and from cold. Poor appetite, palpitation and faintness after meals, but no pain. Bowels constipated.

Catamenia regular. Slight cough, and is losing flesh. Head perspiring at night. Cold feet, and feels the cold very much. Consumption on mother's side. Patient has three delicate children, no miscarriages.

Physical examination revealed a papular eruption on the arms and trunk, leaving brownish discoloration. Silica 30 ordered. On Nov. 14th patient is reported "Improving. No headache. Eruption better." May 6th, 1903, she came back, as the weakness and headache and palpitation had returned. "Eczema" on leg (? gummatous infiltration). July 1st she was "Better, but leg bad around depressed ulcer on inner side of leg" (? gomma). Sil. 200. A week later there was general improvement.

CASE III.—S. P., age 36. Admitted April 3rd, 1903. Complained of face, which had been injured by a blow from a boot 23 years ago, but had suffered from face-ache before. The bone had been scraped soon after the injury, and later a drainage tube put in. In April, 1902, it began to discharge again. Patient also suffers from acute frontal headache. Appetite poor—likes sour things—vomits a quantity of clear water. Complains of a turning-over sensation in stomach. *Physical examination* showed a great and manifest thickening of right superior maxilla, so large as to intrude into the field of vision, and extending down to the teeth, and there is a small aperture in the irregular thickened margin opposite the first and second bicuspid. Sil. 30 and Carbo v. 3. Reported February 13th, face getting smaller, waterbrash no better. (Sil. 12th.) A month later, hard deep cough, heavy pain in chest, could not get breath. May 14th, better, waterbrash better, pyrosis better till last week. This case was of great interest on account of the marked improvement in a condition which most medical men would not have considered amenable to treatment at all, and for the light it throws on the origin of chronic disease. The fact of the silica touching both the antral disease and the peculiar gastric symptoms, shows some etiological connection of a constitutional character. And, curiously, though the silica 30 and higher touched the one unquestionably, and improved the general health, it had no effect on the other till given in the 12th centesimal potency.

CASE IV.—A. E., 40. Complained of sore feet, very offensive discharge two days. General dermatitis six to seven weeks. General health good. Sil. 6. July 8th sil. 200 was given, and August 15th he was reported: Hands better. Feet well. He maintained improvement, the skin peeling off. Last note, April 23rd, better.

CASE V.—T. S., age 27. June 6th, 1903. Great pain in

epigastrium, worse after food. Feeling of tightness in stomach and sensation as if ribs were pressed in. Hands and feet perspire freely. Sweat is offensive. Pimples on face. Given sil. 30. August 29th. Feels much better, feet better, not offensive, not sore; still papules on face. Sil. 200.

The next two cases are infants, one a case of marasmus, and the other of strumous glands.

D. H., age 8½ months. November 5th, 1902. Wasting fast, always screaming. Chest thick, coughs very much. Bottle-fed since birth. No signs of teeth, chest and neck emaciated. Cannot sit up. No physical signs in lungs. Sil. 200. November 19th. Much better. Result described as "magic."

N. C., age 10 months. January 14th, 1903. Two months ago abscess in axilla and small glands around. Has "lump," a mass of glands, under left ear. Sleep bad, restless nights. Pain in neck. March 18th. Lump quite gone. No discharge from ears. Sleep much better.

From these cases we may glean that silica is a deeply acting medicine affecting the nervous system, osseous system, and general nutrition. The silica patient is very sensitive to cold. He perspires easily, especially about the head and feet. Silica is also a remedy of great value in profuse night sweats of phthisis. The headaches of silica are mostly right-sided, and are due to mental exertion or nervous exhaustion. In suppurative conditions, silica may abort the process and absorb the pus, or hasten its expulsion. Among other conditions, where silica has been found useful, may be mentioned the sequelæ from vaccination and housemaid's knee.

Dr. Lambert's paper was discussed by Dr. Warren, Dr. Neatby, Dr. Spiers Alexander, Dr. W. Roche, Dr. Jagielski, Dr. Roberson Day, Mr. Knox Shaw, Dr. Granville Hey, and Dr. Lewin.

Dr. Lambert replied.

A paper was afterwards read by Dr. Margaret Tyler, of London, entitled, "Impressions of Pyrogen," of which the following is an epitomé.—

"Pyrogen," or "Pyrexin," or "Sepsin," was prepared by Dr. Drysdale twenty-five years ago. He had got the idea of the drug from Dr. Burdon Sanderson, who made a preparation, and used it in experiments on dogs. The matrix fluid was at once run up to the sixth or twelfth centesimal dilution. Burnett says, "It is quite harmless, and may be given to the youngest and most delicate baby." The action of pyrogen is very rapid. If it does nothing at once, it will probably do nothing.

Its action on dogs is as follows: The animal shivers, gets restless, temperature rises, maximum temperature reached in *three hours*. There is great muscular debility, thirst, vomiting, feculent, mucous, finally sanguinolent diarrhœa and tenesmus. Symptoms begin to subside in four to five hours. Animal recovers with wonderful rapidity.

The "impression," therefore, that pyrogen is a remedy for rapid pyrexia and for diarrhœa even to dysentery, has scientific warrant.

The *post mortem* changes are said to be those, practically, of septicæmia, and this gives the drug a place in the homœopathic treatment of septic conditions.

A proving of pyrogen gives: Aching; aching in bones; aching all over the body as from a severe cold, with soreness of the flesh; relief from motion; restlessness; heart's action quickened; sudden pyrexia; throbbing of head and neck; rapid prostration; sore eyeball on looking up or on turning the eye, etc.

Dr. Clarke, in his article on Pyrogenium, says he has had ample opportunity of observing its power over typhoid fever and typhoid and hectic states, including one of discharging abscess connected with Potts' disease.

Dr. Drysdale's impression of pyrogen was that it was "The aconite of the typhous or typhoid quality of pyrexia." Dr. Burnett says he himself had "more than half a conviction that the action of pyrogen in the pyrexia from blood-poisoning comes very near to one's conception of a specific."

Among many vivid impressions of the use of pyrogen in influenza, a personal one was given. The writer used to have bouts of influenza, a couple in the year. They meant a week or more in bed, followed by depression and chilliness, and frequent chills for months after, but since using pyrogen there had not been one day in bed with influenza.

Another impression of pyrogen concerns diarrhœa. Violent attacks of diarrhœa are charmed away with one or two doses, and the sufferer is found warm again, and of a good colour, and feeling quite well.

Again, another impression concerns violent headache. One drop of pyrogen has been seen to cure such a headache more than once. Also, in abscesses and septic absorptions, cases treated internally with pyrogen clearing up in much less time than is usual.

Drs. Nankivell, Roberson Day, Madden, MacNish, and Lambert, offered remarks on the paper, which were acknowledged by Dr. Tyler.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.

IN connection with, and to inaugurate the Summer Post-Graduate Course at the London Homœopathic Hospital, a Reception was held at the Hospital on the evening of June 6th at 8.30 p.m. The Board-room was filled with ladies and gentlemen. The chair was taken by Dr. Dyce Brown, who, in a few sentences explained the idea of the Reception, the objects of the Association, and of the special Summer Post-graduate Course, and congratulated the Association on the interest shown by the ladies in the work, and on the visible *imprimatur* which they placed on it by gracing the reception with their presence. He then announced that Mr. W. Hibbert, A.M.I.E.E., an expert in electricity, had kindly agreed to come and give a "Lecturette" on Electricity, the Röntgen Rays, and Radium, and that he would with it commence the enjoyments of the evening. Mr. Hibbert then gave a most interesting lecture with experiments, which, with the clear explanations given by the lecturer, was listened to with marked attention and interest. The general feeling was that if the lecture had been much longer it would have been, if possible, more enjoyed. A vote of thanks to Mr. Hibbert was unanimously passed.

After this, most excellent music was discoursed by professional musicians, and when the programme was concluded, the ladies and gentlemen present adjourned to the lecture-room, where Mr. Hibbert kindly showed and explained further electrical experiments. In the adjoining room refreshments were provided, after which the guests departed. We heard it expressed by many that the evening had been so enjoyable and admirably arranged that it was to be regretted that double the number of invitations had not been sent out.

The Post-Graduate Course is, when we are going to press, not concluded, but it has been quite a success so far. The attendance on the various lectures and course of instruction has been good, the lectures have been excellent, and we understand, much appreciated by those who have given themselves the pleasure and the benefit of this unique course of instruction in homœopathy. Several of the lectures were illustrated by lantern slides and microscopical demonstrations. Every effort had been made by the various teachers to make this first year of the work of the Association as perfect as possible, and its results augur well for the future. We only wish that the advantages thus offered to students and young practitioners of the old school for the study of homœopathy could be more fully brought under their notice.

THE HAHNEMANN HOSPITAL AND DISPENSARIES, BRISTOL.

We have received the following interesting Report of the above Institution for 1903.

"The Committee, in their Report of 1902, stated that they believed themselves justified by the financial encouragement they had received, in furnishing two wards in the Hospital in Brunswick Square, and opening them for In-Patients. This was accordingly done last spring, and on April 16th the first patient was admitted—a case of malignant disease requiring operation. They had engaged an excellent Nurse-Matron, Miss Rees, who is devoted to her duties and is thoroughly trained and experienced in hospital work. When needful she has an Assistant-Nurse, also well trained. Since that period there have been a succession of cases, more or less serious, which could not have been treated except in a properly appointed hospital.

The Medical Officer's Report shows in detail the excellent work which has been going on there, and subscribers and friends of the Charity will be welcomed by Miss Rees any day to inspect the Wards, between 4.30 and 5.30 p.m.

The financial statement shows that the expenditure so far has been £300 spent in alterations, furniture, etc. This is just the amount of special donations (excluding a legacy) received for these objects in 1902 and 1903, and the Committee thought it more prudent to make only the absolutely necessary alterations and purchases for the opening of two hospital wards. This having been accomplished, they appeal to their friends for another £200 to complete the scheme, and especially for additional yearly subscriptions to enable them to continue the good work so auspiciously begun. The yearly expenditure has been increased by about £50 during 1903, and this will necessarily grow as more cases are admitted for treatment.

The attendance at the Dispensaries has increased during the year from 3,800 to 4,140, and the home visiting has been assiduously carried on by the Visiting Medical Officers. Appended is a report of the medical work done both in the wards, and by visits at the homes of the patients. The demand for Home-Visiting Tickets still exceeds the supply.

It will be seen by the Treasurer's account that the payments by patients bring in a considerable sum, and we are pleased to say that donations to the amount of £8 5s. have been made in small sums by patients, showing their gratitude for benefits received—Miss Jeffery having kindly collected and given £7 of this.

Collecting boxes will be distributed to any friends who will kindly place them where they think they will be useful.

We acknowledge with many thanks the following gifts : Mrs. Melville Wills, A Child's Cot ; A Lady, A Child's Bedstead ; Miss Rees, Porcelain Sink and Tiles.

We hope shortly to complete the alterations needful, and to furnish two small wards on the upper floor, which may be used when required as private rooms, and we think there will be a demand for these when they are known to be available, for private patients who cannot be properly nursed at home.

In conclusion, the Committee invite more annual subscriptions, to extend the usefulness of the charity, and to interest as many people as possible in the work. As Sir Henry Burdett says in his classical work on "Cottage Hospitals : "Everyone versed in hospital management knows that the secret of financial soundness in things charitable is summed up in the successful attainment of a large proportion of the income from annual subscriptions." And we hope and intend to conduct the hospital affairs both economically and on sound business principles, and with the conviction that Subscribers give more willingly when they know that the patients themselves and their friends contribute their share according to their means."

REPORT OF THE IN-PATIENT WORK OF THE HOSPITAL DURING 1903.

"The Hospital was opened for the reception of In-Patients on April 15th, on which date a case of malignant tumour of the breast was admitted for operation. From this time until December 31st, ten cases were admitted as In-Patients. Details of them are given in the following table :—

In-Patients, 1903—

| Disease. | Treatment. | Result. |
|----------------------------------|---------------|-----------|
| 1—Cancer of Breast | Operation ... | Recovery. |
| 2—Phthisis | Medical ... | Improved. |
| 3—Adenoids | Operation ... | Recovery. |
| 4—Cancer of Breast | Operation ... | Recovery. |
| 5—Thrombosis of Veins of Leg ... | Medical ... | Recovery. |
| 6—Adenoids and Phimosis ... | Operation ... | Recovery. |
| 7—Gastric Ulcer | Medical ... | Recovery. |
| 8—Phthisis | Medical ... | Improved. |
| 9—Nervous Debility | Medical ... | Improved. |
| 10—Heart Disease | Medical ... | Improved. |

In addition to the above, by special permission, a lying-in case was admitted, and at the end of the month both mother and child were discharged in good health.

All the patients who have been treated in the Hospital have spoken in terms of warmest gratitude and appreciation of the attention they received and of the comfort they experienced ; and two or three of them have given practical

evidence of their satisfaction by sending voluntary donations to the Hospital after returning home.

The possession of wards for the reception of In-Patients has proved such an advantage, and has added so greatly to the efficient carrying out of the work of the institution, that it now seems difficult to understand how we managed for so long without them."

REPORT OF THE MEDICAL OFFICERS FOR HOME PATIENTS.

"The amount of work done in this department during the past year has been slightly less than in the two previous years, as will be seen from the following table, which indicates the number of visits paid during the last three years :—

| 1901. | 1902. | 1904. |
|-------|-------|-------|
| 433 | 434 | 421 |

Presumably, this slight difference is to be accounted for by a somewhat diminished prevalence of acute disease during the past year as compared with the previous ones.

As regards the Subscribers' Home Notes, which entitle a patient to a month's free treatment at home, the demand much exceeds the supply. It is hoped that during the present year this will be rectified by securing a large increase in the number of annual subscribers."

We congratulate our Bristol colleagues on their having wards for In-patients, and on the excellent work which has been accomplished, a sample of which we published in our last issue. We wish the Institution all success, and further development, for which there is evidently a demand. This cannot be accomplished without money, and we trust the homœopathic public of Bristol will come forward liberally for this benevolent and important work.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL, BROMLEY, KENT.

SALE OF WORK.

A VERY interesting and successful sale of work in aid of the above hospital was opened by Lady Truscott in the large ward of this hospital, on June 1st, in the presence of a goodly number of friends. Lady Truscott was accompanied by Sir George Truscott; and among those present were the Mayor and Mayoress of Bromley, and Miss Griffith, the Hon. Mrs. H. W. Forster, Mr. J. Churchill (chairman of committee), Mr. J. Charles (treasurer), Lady Edith Charles and Miss Charles, Dr. and Mrs. Madden, Dr. and Mrs. Wynne Thomas,

the Rev. Peter Barker and Mrs. Barker, Miss Stoneham, Mrs. Beddow, Mrs. Best, Mr. A. M. Tapp, Mrs. A. Tapp, Mrs. Podmore, Miss Lillingstone, etc.

The arrangements in connection with the sale of work were in the hands of a ladies' committee, whose efforts were generously seconded by many friends of the hospital. A ladies' string orchestra, under the conductorship of Miss Helen Sandell, played selections in an adjoining private ward during the afternoon. Unfortunately, the weather was very showery; otherwise both the music and refreshments would have been out of doors in the pleasant garden in front.

At the opening ceremony, Mr. J. Churchill said that he had very much pleasure in informing them that Sir George and Lady Truscott had honoured them by their presence there that day in order to open that sale of work, with the object of clearing off some of the debt still resting upon the hospital. They were very pleased to see so many present on that occasion, and specially to see among them the Mayor and Mayoress of Bromley. (Applause.) The weather had not been very propitious, but now the sun had come out; and he hoped that would prove a happy augury for the success of the sale. He concluded by asking Lady Truscott to open the sale.

At this point Miss Griffith presented Lady Truscott with a handsome bouquet of flowers, which was accepted with very evident pleasure.

Lady Truscott then said that she did not think that a lady with her husband by her side should have to speak. But she was very glad to be present to assist in that opening ceremony. Referring to the weather, which, no doubt, had debarred some from attending, her ladyship observed that those present would have to do twice as much to make up for the absence of some of their friends, who were kept away on account of the weather. She trusted they would have a very successful sale; and it gave her very great pleasure to declare the sale open.

* * *

It is gratifying to know that, as a result of the sale of work opened at the Phillips' Memorial Hospital by Lady Truscott on Wednesday last week, the sum of £165 has been added to the hospital funds.—*Bromley & District Times*, June 3rd and 10th.

TORQUAY HOMŒOPATHIC DISPENSARY.

THE Fifty-sixth Annual Meeting of the Committee of the Torquay Homœopathic Dispensary was held at 76, Fleet Street, Torquay, on Friday, April 22nd, 1904. A. Backhouse,

Esq., in the chair. The minutes of the previous year were read and confirmed. It was resolved that this report be adopted, printed, and circulated. It was unanimously agreed that the best thanks of the Committee and subscribers be given to the Medical Officers, Dr. Midgley Cash and Dr. Ford Edgelow, for their unremitting attention and the skilful treatment of the very large number of patients who have been under their care. A vote of thanks was accorded to the Rev. B. R. Airy, the Rev. J. P. Baker, the Rev. J. T. Jacob, the Rev. A. B. Wrey, the Friendly Societies per Mr. R. Butland, St. Mary-Church Church Parade per Mr. G. Smale, Torquay Amateur Operatic Society, and the subscribers and donors.

MEDICAL REPORT FOR 1903.

| | | | |
|--|----|------|-----------|
| Patients remaining from 1902.. | .. | .. | 157 |
| Admitted during 1903 .. | .. | .. | 579 |
| | | | <hr/> 736 |
| Cured .. | .. | .. | 258 |
| Relieved .. | .. | .. | 229 |
| No change .. | .. | .. | 52 |
| No report .. | .. | .. | 64 |
| Deaths .. | .. | .. | 3 |
| On books .. | .. | .. | 130 |
| | | | <hr/> 736 |
| Number of attendances during the year .. | .. | 5304 | |
| Average per Dispensary Day .. | .. | 51 | |

MELBOURNE HOMŒOPATHIC HOSPITAL.

"THE monthly meeting of the board of management of the Homœopathic Hospital was held at the institution, St. Kilda Road, on March 21, when there were present Messrs. J. W. Hunt (chairman), Charles W. Hartshorn, C. E. Jarrett, Stephen King, Drs. W. K. Bouton and W. R. Ray. The state of the house for the month was as follows: Patients remaining in wards at date of last meeting, 57; admitted during month, 83; discharged cured, 68; relieved, 10; deaths, 6; remaining in hospital, 56. Of out-patients, the records show that 338 new patients had been entered on the books, and the number now attending every week is 601. A letter was received from Mr. Thomas Luxton enclosing a cheque for £500, being the amount handed to him by Mr. James Mason, of St. Kilda, towards the building of the

casualty and operating rooms. A report was received from Mr. W. H. Tompkins, honorary architect, intimating that the plans for the proposed new casualty and operating rooms had been passed by the Board of Public Health. The matter was referred to the building committee. A cheque for seven guineas was received from Mr. R. P. Vincent, contractor, of Perth, Western Australia, with which was enclosed a letter intimating that the amount represented an annual subscription of one guinea for each year he had been absent from Melbourne. A request was received from the Government Statist that a short history of the institution from the date of its establishment be forwarded him for inclusion in the *Victorian Year Book*. It was decided to comply with the request. Mr. Stephen King, a member of the board, who intends taking a trip to London shortly, was granted six months' leave of absence. It was resolved that arrangements be made with the authorities of the Working Men's College so that in future pupil nurses of the institution in their final year should receive instruction (both demonstration and practice) in the art of cooking. It was also arranged that candidates of missionary homes in Melbourne be allowed to attend this year's course of lectures to be delivered to the pupil nurses of the institution by the members of the honorary medical and surgical staff."—*Hobart Mercury*, March 28th.

HOMŒOPATHIC HOSPITAL, HOBART, TASMANIA.

REPORT OF FOURTH ANNUAL MEETING.

THE fourth Annual Meeting of the Homœopathic Hospital was held at the Masonic Hall on May 12th, the Vice-president (Alderman G. S. Crouch) presiding over a fair attendance.

Mr. F. B. Mather read the report and balance-sheet, which showed that there was an overdraft at the Commercial Bank of £185. The report read as follows:—

Fourth annual report of the House and Finance Committees of the Homœopathic Hospital for the year ended December 31st, 1903: We are pleased to be able to report another very satisfactory year's work. One hundred and fifteen patients were admitted, 3 remaining at the close of 1902. Besides these, 34 were treated as out-patients, thus making a total of 149 treated during the year. As heretofore, all seemed very pleased with the manner in which their comfort had been attended to by medical officers, matron, and nurses, and we feel sure that the bright, sunny situation of the Hospital, as well as the bright and cheery manner of matron and nurses alike, contribute largely to the well-doing of the

patients. All the various appointments of the Hospital are kept in good order, and ready for instant use. The nursing staff has given every satisfaction. Two more of the probationers have been successful in passing their final examinations, entitling them to receive their certificates as duly qualified nurses. One remains as sister, in place of Sister Bell, who resigned her position to be married, and the other has received a good appointment as night nurse in a country hospital in the north of the island. Two probationers have been taken on in their places. It is with much satisfaction that arrangements were made by which the Hospital was able to secure the services of so competent a Medical Officer as Dr. Gerard Smith, who has had twenty years' experience as a homoeopathic practitioner in London, but whose health obliged him to leave England. He is already doing work in our city as Health Officer. In our last report reference was made to the endowment of the "Grace McMillan cot." Though, properly speaking, this belonged to 1903, it was felt that the interest attaching thereto warranted the subject being alluded to in that report. It was not, however, until April 6th, 1903, that the pleasing little ceremony took place, when the cot was declared open, and awaiting its first occupant. Twenty-four members of the Ladies' Aid Association and a few friends of the deceased lady and members of the hon. medical staff, and of the executive committee, met at the Hospital, when Dr. Gibson explained that the cot was the outcome of a desire on the part of Mrs. McMillan and daughters to keep alive in a practical way the memory of Miss Grace McMillan; and, as during her lifetime she had always been fond of little children, it was felt that the endowment of a cot would be a very fitting manner in which to do this. Mrs. Atkins, the President of the Ladies' Aid Association, then unveiled the photo of the late Miss McMillan, which had been placed over the cot and covered with a Red Cross flag. The cot has had four occupants to the end of 1903. The "Frances Willard bed," too, has been thankfully availed of by several patients during the year, and the thanks of the Board of Management are due to the Bed Committee for the effort which have been put forth to keep this open. We should be very glad if a similar bed could be maintained in the men's ward. This might easily be accomplished if in country districts, where, for example, there are sawmills or similar industries, each of the employes paid a few pence weekly, which would entitle any member, in case of illness or accident, to be admitted without further charge to a bed in the Hospital. We heartily commend this suggestion to our country friends, with whom the secretary will be glad to correspond and enter into such

an arrangement. As a proof of the esteem in which the Hospital is held in the country, we may mention that more than half of the patients admitted during 1903 were from country districts. The financial position of the institution at the end of 1902, as shown in last report, was one which gave the Board of Management much careful thought as to how this might be improved. Commencing with a debt of £693 4s 10d (apart from the debt on the premises) by united and strenuous effort, and the generous response of friends in town and country, they were able before the year closed to clear up that debt, with the exception of £200, which was covered by the Government subsidy in usual course due at the commencement of each year. Unfortunately, £100 of this will not be available until July, and in the meantime this stands as an overdraft at the bank. Early in 1903 Mrs. Benson very kindly gave a "national concert" on the second anniversary of the accession of King Edward VII, part proceeds being donated to the Homœopathic Hospital. On February 18th Senator Macfarlane generously offered his lovely grounds at "Newlands" for holding a garden fête, resulting in a further addition to our funds. Mr. and Mrs. Mason held a very successful sale of gifts of produce, etc., as well as of pot plants, at their beautiful home at "Culverden," Mount Stuart, materially helping us thereby. The inauguration of the Hospital Saturday collection on the 7th March, 1903, was the means of adding a further £70. We trust that later on this may be more general in character, and that the interest in the movement may be warmly taken up as an annual function, which has become so marked a feature in neighbouring States. With it might also be incorporated "Hospital Sunday." At any rate, a start having been made is a step in the right direction. These financial helps encouraged the Committee to further special efforts, and an offer of £75 from an anonymous donor, to be available when £100 was collected, gave a further stimulus in this direction. The members of the Executive Committee thereupon undertook a personal canvass, and were able by September to claim the amount promised, reducing therewith the tradesmen's accounts as the money was received, and paying the annual payment off the purchase account then due. In order that all outstanding claims might be cleared off, permission was granted that the endowment fund of the Grace McMillan cot might be used towards that purpose as soon as the balance necessary was raised, and on condition that the cot was kept available for patients. Kind friends came forward to aid in accomplishing this, the pupils of the Friends' High School contributing £23 11s. 2d., the proceeds of a sale of work and produce held at the school

in October; a ball given by Mrs. Page at Huonville yielded £8 12s. 6d., and a garden fête given by Mr. and Mrs. W. P. Brownell, at Carolside, augmented the fund by £13 12s. 7d. With this sum in hand, and £225 advanced by a friend on the Bischoff shares, the Committee were able to clear off the liabilities before the end of the year, as already stated. The Committee therefore take this opportunity of thanking each individual contributor or subscriber to the Hospital funds for the help given, and go forward with renewed courage to meet the difficulties which they still feel lie before them during this present year. In addition to the repayment of the loan, so as to place the endowment on a secure footing, they have in August next to meet the fourth annual payment of £100 off the purchase account, so feel that they must not relax their efforts to keep the institution thoroughly efficient, and debts from accumulating; and, as the fees alone are insufficient, they look forward hopefully to friends and subscribers bearing this in mind, and letting the secretary have their subscriptions as early as possible this year.

The Chairman, in moving the adoption of the report, said he was very pleased to see the Homœopathic Hospital progressing so favourably. They had, fortunately, secured the services of Dr. Gerard Smith, which should materially add to the success of the institution. Dr. Smith had long experience in similar work in the old country, and was, therefore, just the man they wanted. However, to make it the success it should be they would have to put their shoulder to the collar. It was a growing concern, and he sincerely hoped that before long the Government would see their way clear to provide for its upkeep, instead of throwing the responsibility upon the shoulders of the public. (Hear, hear.)

Dr. Smith seconded the adoption of the report, and in doing so said that there was no doubt this institution did admirable work with the small amount of money they had at their disposal. As in all other countries, the Homœopathic Hospital in Hobart was heavily handicapped by having to rely on the public for their annual income. There was no doubt it was a perfect system of medicine, and in the not far distant future would be used in preference to all others. With regard to the upkeep of the hospital, he did not approve of the money being raised by means of fancy fairs, etc. The annual subscribers should be the life blood of the institution. The custom in England was to allow the annual subscribers the privilege of sending poor patients into the hospital free of charge. This was a good system, and he thought it should be adopted in Hobart. An excellent addition to the hospital would be a free bed for men. There was no hesitation that this was urgently needed, and, as mentioned in the report, it would be

a good idea to approach the proprietors of sawmills, etc., with the object of inducing the men to contribute a few pence per week for the upkeep of this bed, and should one of them meet with an accident or get laid up, they would be admitted without any further charge. There were many instances where the patient was unable to pay. At present one of the inmates of the hospital was in the habit of working from 6 a.m. to 6 p.m., for the munificent wage of 5s. per week, in consequence of which the patient could not be expected to pay any fee. This was only one of many cases, and showed the absolute necessity for a free bed for men. The situation of the hospital was perfect, and the mountain atmosphere was much appreciated by the patients, especially those suffering with lung diseases. In conclusion, he hoped that something definite would be done to increase the number of annual subscribers.

Mr. Gould moved the election of officers for the ensuing year. The hon. medical officers are Drs. Gibson, Gerard Smith, B. Thomas, and W. J. Clark. He said that, contrasted with the opposition shown in some quarters in Hobart to the hospital, last Wednesday in Melbourne, when the foundation-stone of a new operating theatre in connection with the Homœopathic Hospital was laid, every hospital in Melbourne was represented at the ceremony. That was the kind of spirit that should be manifested towards the Homœopathic Hospital here. (Hear, hear.)

Dr. Gibson seconded. He said he was very pleased that Dr. Gerard Smith was with them. He was a strength in himself, and was a great help to the institution.

The motion was carried.

Mr. Lovett moved hearty votes of thanks to the officers and staff of the hospital, the ladies and gentlemen who kindly assisted in the arranging of entertainments, and to the Ladies' Aid Committee.

Mr. Kirby seconded, and the motion was carried unanimously.

A vote of thanks to the Chairman closed the meeting.—*Tasmanian News*, May 13th.

THYROIDIN IN NOCTURNAL ENURESIS.

By A. LAMBREGHTS, M.D.

Physician to the Bureau de Bienfaisance, Antwerp.

NOCTURNAL enuresis, or the habit of wetting the bed, is met with frequently amongst children, is a very obstinate affection, and in spite of all treatment often disappears only at the age of puberty; at times, however, it persists even beyond that age. Amongst my patients at the Bureau de

Bienfaisance, I have treated several cases of incontinence of urine in young girls of twenty-one or twenty-two years of age. The cause of the ailment consists in atony of the neck of the bladder, with spasm of the urinary reservoir, and is in fact only the consequence of a state of general debility and nervous irritability. In certain cases the incontinence is provoked by a hyperæsthesia of the urethral orifice, due either to the presence of worms, or, in boys, to an unusually long prepuce.

Children affected with nocturnal enuresis are generally feeble and delicate-looking; they are pale, anæmic, incapable of violent exercise, and very irritable. When the ailment disappears spontaneously at the age of puberty, it is because the muscular system of the bladder partakes in the general development of the genito-urinary organs occurring at that period of life.

In homœopathic materia medica we possess a large number of remedies which have given excellent results in the treatment of nocturnal enuresis; for instance, belladonna, pulsatilla, china, ignatia, sulphur, silica, causticum, arsenic, carbo veg., sepia, acid benzoic, verbasum, equisetum, plantago major, etc., etc.

Hygienic means addressed to developing and strengthening the nervous system are also of the greatest service; cold baths, sea baths, douches, gymnastics, exercises in the open air, etc.

In order to avoid pressure of urine on the neck of the bladder, we advise the child being put to bed in such a manner that the trunk is raised higher than the head; though this has the disadvantage of sometimes causing congestion and provoking insomnia.

For some time I have been using thyroidin 3x trit. with much success to combat nocturnal enuresis. I give 25 centigrammes *per diem* dissolved in two spoonfuls of water, of which the patient takes one spoonful morning and evening. Thyroidin is a drug of remarkable efficacy, especially in feeble, nervous, and irritable children. In a large number of cases the enuresis ceases from the first day of treatment, and radical cure is obtained at the end of some weeks, or even earlier if the infection is recent. In rebellious cases we are sometimes obliged to have recourse to the second decimal trituration. Thyroidin 3x is well tolerated by children, and has never, within my knowledge, given rise to any symptoms of intoxication. It goes without saying that if the enuresis is due to the presence of intestinal worms, one must have recourse to vermifuges; if the cause is an abnormally long prepuce, the operation of circumcision is necessary.

One important question naturally suggests itself to the

reader. Is thyroidin homœopathic to nocturnal incontinence of urine ?

In his excellent paper on "opotherapy," presented to the International Homœopathic Congress at Paris, in 1900, Dr. Marc Jousset observes very justly that extracts derived from healthy animals (thyroid body, ovary, testicle, etc.) may be administered either allopathically or homœopathically: allopathically when we prescribe the extract with the object of supplementing the secretion of an organ atrophied by disease or even wanting altogether; *e.g.*, thyroidin in myxœdema; homœopathically when the extract is given in order to combat a disease or a symptom which has been produced by this same extract in the healthy human subject; such is the case in the use of thyroidin in tachycardia and in exophthalmic goitre. The homœopathic method demands therefore an intimate knowledge of the pathogenetic action of these extracts.

I have carefully perused the pathogenesis of thyroidin published in Dr. Clarke's *Dictionary of Materia Medica*, and have read the numerous cases of poisoning and other observations published by Dr. Marc Jousset in *L'Art Médical*, but I have nowhere discovered the symptom "*nocturnal incontinence of urine*," either as an effect of the extract or as a symptom cure by its means.

According to Dr. Clarke, the urinary symptoms are as follows: "Increase of urine; need to pass water frequently, with clear urine of a pale yellow colour; considerable increase in the excretion of urea in an anæmic patient; albuminuria; glycosuria; kidneys voluminous and congested."

Must we conclude that the treatment of nocturnal enuresis by means of thyroidin does not obey the law of similars? I think not. In fact, as I have observed above, nocturnal incontinence of urine is but the symptom of a general state of debility and nervous irritability, whose analogy with thyroidism is striking and indisputable. Besides the tachycardia and the nervous tremors which are the two most important phenomena of thyroidism, the pathogenesis of the drug teems with nervous symptoms such as one meets with in most children suffering from nocturnal enuresis. Prostration, feeble intelligence, irritation and ill-humour, headache with sensation of weakness in the brain, going on to vertigo, perspiration at the least movement, shortness of breath, pallor, general weariness, convulsions, symptoms of neurasthenia and of hysteria. Such are the symptoms which indicate clearly a profound influence upon the nervous system.

We are therefore justified in affirming that thyroidin is homœopathic to nocturnal enuresis, just as it is homœopathic

(as Clarke and Jousset have demonstrated) to other nervous affections, such as neurasthenia and hysteria. Moreover, in the choice of a remedy it is necessary to take into consideration not only the similitude of a symptom, but also, and especially, the pathological condition which calls forth this symptom.

In my work at the Bureau de Bienfaisance of Antwerp, I have treated with success a large number of cases of nocturnal enuresis with thyroïdin. In order not to unduly prolong this article, I will confine myself to recording the three following cases :—

(1). Marie A——, a young girl of 21, of a delicate and very nervous constitution. She is ill-developed for her age, and only menstruated first at the age of 19. The father, mother and, a sister all died of phthisis. She has suffered from early childhood with nocturnal incontinence of urine, and in spite of treatment has continued to wet the bed almost every night. Two of her sisters, during childhood, suffered in the same way, but the incontinence disappeared spontaneously at the age of puberty.

TREATMENT.—Thyroïdin 3rd trit. 25 centigrammes per day (taken at twice) for seven days. The patient came to see me the following week. She was charmed with the result of the treatment, declaring it to be the only one which had had any effect; she had only wetted the bed once, and attributed this to the fact of her having taken two cups of tea before retiring, after I had forbidden tea. Same treatment continued for another week. The incontinence did not recur. The patient left off the drug, and the incontinence reappeared the following night; thyroïdin was continued for a month, after which the patient had no more trouble when treatment was discontinued, and the cure has been maintained until the present.

(2). Emile B——, a boy of 16, pale, very nervous and very irritable, has suffered from nocturnal enuresis from childhood. An interesting feature in the case is that the ailment improves in summer and is aggravated in winter by cold and north wind. R Thyroïdin 3x trit., 25 centigrammes per day for one week. The patient did not once wet the bed during this time. Same prescription for another week. I have not seen the patient again, but learnt from the mother that there had been no further trouble, in spite of a spell of very cold weather.

(3). Alfred M——, a little boy of 7, of delicate, nervous appearance, had wetted the bed every night for about a month. R Thyroïdin 3x trit., one powder of 25 centigrammes per day for a week. From that moment the child has been completely rid of the incontinence. —(*Journal Belge d'Homœopathie*, Vol. xi. p. 14.)

J. G. B.

STELLARIA MEDIA (CHICKWEED).

AN ORIGINAL PROVING OF THE DRUG BY THE UNIVERSITY OF
MICHIGAN SOCIETY OF DRUG PROVERS.

Compiled by A. E. IBERSHOFF, M.D.

AN anonymous writer, in a communication to *The Homœopathic World*, June, 1893, called the attention of the profession to "the discovery of an important healing property in the common Chickweed (*Stellaria media*) of our gardens." Continuing, he describes its effectual employment in the cure of nodosities and other manifestations of gout, by repeated external applications of a tincture made from the fresh plant.

Acting on this suggestion, Frederick Kopp, of Greenwich, N. S. W., conducted a proving of the drug on himself during September of the same year, and published his results three months later in the above-named journal (*vide Hom. World*, vol. xxviii, p. 560). He concludes that "*Stellaria Media*, on account of its action on the liver, should prove of great service in hepatic complaints, characterized by congestion and enlargement of that organ," and that the many rheumatic symptoms experienced throughout the proving "should at once mark the drug as one of the most valuable and reliable remedies we possess for that often very obstinate disease—rheumatism."

The following proving, which was made by twelve male and four female students of the Homœopathic department, University of Michigan, began February 17th, 1904, and continued for a period of four weeks. It was preceded by a searching physical examination, including a careful urinalysis and blood count, a full and complete record being made of the results in each case. In this record were noted any peculiarities, physical or psychical, any habits or susceptibilities, dispositions or predispositions on the part of the prover, as well as previous diseases and their sequelæ. That part of the examination relating to the eye, ear, nose and throat, as well as the urine and blood tests, were repeated at the close of each week, a second exhaustive physical examination being held at the conclusion of the proving.

Each person was supplied with a blank note-book for the recording of his symptoms, and was instructed to note the following. Time of taking each dose and the potency of the same; all observable sensations, whether normal or abnormal; the character and locality of pains, especially whether deep or superficial, and the conditions of aggravation and relief; defæcations and urinations; effects on heart, sexual organs, and sleep; pulse and temperature several times daily; also any extreme variations in the weather, any accidents or influences which might affect the health during the proving.

The prover's habits were not altered in any respect except that all alcoholic liquors, drugs, or lotions were interdicted.

Stellaria media (Lat.) from stella, a star. Fr. *Stellaire*. Ger. *Sternkraut*.

Common name—Chickweed or Stitchwort.

Family—*Caryophyllaceæ*.

Habitat—Most parts of Europe, Asia and America.

Description.—Chickweed, one of the most common weeds of gardens and cultivated fields, is a species of Stitchwort. It is an annual, with weak procumbent stem and ovate leaves, very variable. The stem is curiously marked with a line of hairs, which at each pair of leaves changes from one side to the other, and in four changes completes the circuit of the stem. The leaves afford a fine instance of the *sleep of plants*, closing upon the young shoots at night. The plant bears numerous small, white blossoms, the stellate form of which gives it the name it bears.

Drug furnished by Messrs. Boericke & Tafel, Philadelphia, Pennsylvania.

Dilutions used, ϕ , 1x, 2x, 3x, 6x and 30x.

STAFF.

Director A. E. IBERSHOFF, M.D.
Physical Examiner..... W. B. HINSDALE, A.M., M.D.
Assistant..... H. H. BAKER.
Urine Examiner..... E. D. REED, M.D.
Assistants—J. W. SOOY, M. J. TINKER, A. W. HOYT, H. F.

SCHELL.

Blood Examiners..... F. W. McAFEE, C. T. GRAHAM.
In Charge of Female Provers..... MISS BERTHA DAVIS.
Names of Provers—H. H. BAKER, H. M. BEEBE, MISS BERTHA DAVIS, MISS RHODA P. FARQUHARSON, L. J. GIBSON, C. T. GRAHAM, A. W. HOYT, A. E. IBERSHOFF, F. N. JONES, MISS MABEL H. KNAPP, F. W. McAFEE, H. P. McMULLEN, A. P. SCHULZ, M. J. TINKER, C. C. WAGGONER, and MISS C. D. WALKER.

Prover No. 1.—(Dose: ϕ gtts. iij every two hours.) Dull aching pain in left gluteal region, extending down the thigh. Heavy, aching pain extends down into calf of leg and ankle. Shooting pains in ankle, knee and hip. Dull ache in left arm and shoulder < by rest and warmth. Bruised feeling in hip radiating from acetabulum. Aching of entire body as if bruised. (gtts. xij) Sharp pains in region of liver. Come on suddenly and reach maximum slowly, stop suddenly. Pain of the same character in small of back over kidneys.

Violent headache all over cranium. A dull pulling pain as if caused by a tight rubber cap. An hour's sleep relieved the

pain. Hard frontal headache < on motion and from warmth. Nausea, especially immediately after taking drug.

Prover No. 17.—(Dose : ϕ gtts. xv every two hours.) Dull pain over eyes. Dull headache extending upward from the eyes to the temples and to the back of the head. (dram ss. every two hours.) Dull ache through eyes and in temples, momentary vertigo. Hand unsteady. Oppressive feeling all over head, disappearing in the afternoon. Morning headache, worse at 10 o'clock, partially relieved at noon, entirely disappeared in the afternoon. Steady, hard, merciless headache, pain in the eyes with nausea, becoming intensified throughout the morning. Loss of appetite. Nausea (without vomiting), hand unsteady, soreness and smarting in the eyes. Great irritability. Headache becomes a cutting pain, forming a semi-circle from temples through the frontal eminences. Tired persistent ache in the eyes. Throbbing pain in temples and through eyes at 8 a.m. Sharp pain through and over left eye, persists after other symptoms have disappeared. A throbbing ache low in back of head with nausea at 3 p.m. disappearing towards evening. Unsettled feeling in stomach after eating, but headache somewhat relieved. Latter entirely disappeared at 3 p.m., but nausea persists. No appetite. Constipation. Dull ache in back (left side) from waist to shoulder. Rheumatic pain extending whole length of left arm. Intermittent pains in both shoulders, in upper arm and neck on left side. Steady, dull pain in left shoulder extending into neck and arm, passing off toward evening.

Prover No. 5.—(2x—Dose : gtts. ij every two hours.) Along the middle of the afternoon noticed dull pain over both eyes. Steady, supra-orbital headache continuing until night. Stool hard and large, accompanied with much flatus. Sharp pains in bowels for a few minutes following. Gripping pains over entire abdomen. Gripping pain in epigastrium lasting about five minutes after taking drug.

(Dose : 2x dram ss. every two hours.) Dull headache over both eyes, dull ache in back of neck in the morning. Pulsating pain in right supraorbital region. Raw, scraped sensation in the nose continuing through the day. Dull supraorbital headache on rising in the morning < over right eye. Nose stopped up, nasal passage sore and raw, but not much discharge. Headache disappeared toward noon.

(Dose : dram ss. lx every two hours.) In the middle of the forenoon noticed a dull supra-orbital headache over right eye. Feeling of faintness and nausea. Constipated. Stools large, hard and expelled with difficulty. Headache partially disappeared in the afternoon. At 10 a.m. sharp pulsating pain over left eye accompanied by slight nausea, both passing off by noon.

Prover No. 2.—(Dose: ϕ gtts. v every two hours.) In the evening noticed sharp, shooting pain in right knee lasting only a few minutes. The next day noticed the same pain, continuing longer, > by motion. Dull headache came on at noon, aggravated out of doors, relieved by pressure of the hand. Pains of rheumatic character in joints of left hand. Dull pain in left elbow and arm.

(Dose: ϕ dram ss.) At noon profuse, painless diarrhœa, stool large in quantity, dark and offensive, followed by much straining. An hour later, violent, sharp pain in rectum extending upward. At 3 p.m. awoke from a nap with a dull headache over right eye, accompanied with nausea and profuse perspiration. Headache relieved by going into a cool room, and immediately recurred on returning into a warm one. Dull, intermittent pain in left elbow joint > by motion. Diarrhœa coming on at 11 a.m., fœces being expelled with a gush, followed by tenesmus.

Prover No. 7.—(1x—Dose: gtts. iv every two hours.) Dull, confusing frontal headache < from smoking. Frontal and temporal headache continuing throughout greater part of day. Irresistible desire to sleep. General lassitude, accompanied by a severe frontal headache, worse on left side < lying down, > in open air. Dull pain through frontal region and in temples all day, with stiffness in back of neck. Feel very irritable. Stiffness in back of neck much worse in the morning and extending into right shoulder. Dull, throbbing headache in frontal region, pain from one temple to the other. Same headache during succeeding three days, coming on in the morning. Crampy pains in muscles of right forearm. Lameness in right shoulder as if caused by rheumatism. Pain extending into biceps and extensor muscles. Headache on awaking, with numbness in both arms. Rheumatic pains in right foot and leg extending up to hip. Rheumatic pains in right shoulder and upper arm, worse after going to bed.

Prover No. 9.—(6x—Dose: gtts. iv every two hours.) The second day after beginning the drug noticed a dull headache in the region of the frontal eminences, somewhat relieved toward noon, but persisting in the left frontal region, disappearing at night. This continued during next four days, abating each afternoon. Pain in scapular region < on moving arm. Headache extending into parietal region, most marked on left side, with pain in left scapular region. Headache extending into muscles of the neck. Latter seem stiff and sore.

(Dose: 2x dram j t.i.d.) Heavy, dull frontal headache extending into parietal region < in morning, with stiffness and soreness of muscles of the neck on both sides. Much belching of gas.

Prover No. 3.—(Dose : ϕ gtts. vj every two hours.) Sharp, shooting pains in left knee, extending toward foot and ankle joint. Pain in left knee with dull ache in front and top of head, > lying down. Weakness in legs with general lassitude, constant desire to lie down. Great sleepiness all day long. Nose and throat dry. Desire for frequent small draughts of water. Feet go to sleep easily. No appetite. Sight of food nauseates. Cough followed by vomiting. Shooting pains down the legs.

Prover No. 13.—(Dose : 30x, four disks every two hours, Rheumatic pain in right side. Rheumatoid pain in right shoulder. (ϕ dram ss. every two hours.) Awoke in the middle of the night with rheumatic pain in right shoulder < by lying on affected side. At noon of the following day same severe pain recurred. Seemed to be located in the joints. Headache at noon. Full of rheumatic pains, "I can feel it in my bones." Rheumatic pain in left elbow. Pain in head < from sudden jar or motion.

Prover No. 10.—(Dose : ϕ gtts. ij every two hours.) Sharp pain over left eye. Constant pain in one elbow. Pain in transverse colon, much belching of gas and flatulence. Severe pain under ribs on left side. General lassitude. Dull pain over both eyes. Pain in tendon of gastrocnemius near knee joint < out of doors. Sleepy. No appetite. Gripping pain in small intestines. Pain in joints of fingers of left hand. Dizziness on awaking in the morning. Sharp intermittent pain in knee joints on the inner side. Severe frontal headache < by motion and going out into the cold. Throbbing headache < stooping. Warmth relieves the headache. Nausea. Stool hard and dry. Pain in left hypochondriac, deep and intermittent. This was noticed for six days. (Headache and nausea continued uninterruptedly through this proving, constipation alternating with diarrhœa.)

Prover No. 11.—(Dose : 3x gtts. iv every two hours.) Aching in muscles of arm and shoulder. Dull frontal headache came on at 10 a.m., gradually increased and settled over left eye. By 2 p.m. it developed into a throbbing pain < on bending over. Dull feeling in the head. Sharp pains in left side of face extending down left arm and up over top of the head. Lancinating pains in temples. Dull feeling in head > by fresh air. (Dose : 2x gtts. vj every two hours.) Headache in brows with pain in the eyes so that I could not read. A feeling as if the eyes would protrude. Lids feel swollen and the eyes strained. Full feeling in the head, better in the open air. Bulging feeling in the temples, and eyes feel heavy. Sharp, stitching pains in left side of back in region of the spleen. These pains were severe and intermittent, and recurred the next day. Felt better when moving about,

but lying still did not relieve the persistent, constant, unremitting brow-ache, which almost blinded me at times. Lancinating pains in small of back on both sides. These were intermittent, continuing about half an hour. Stitching pains in chest, worse on left side. Neck aches and feels stiff, and when I move headache becomes worse. Latter > by pressure and cold applications, > by closing the eyes. Shooting pains at irregular intervals in small of back, neck, limbs and knees, especially at left side. (This prover had rheumatoid pains for several days after the drug was stopped.)

Prover No. 15.—(Dose: ϕ gtts. ij every two hours.) Faint headache, worse on left side. Felt tired on awaking, no appetite, feeling of chilliness, extremities cold, dizziness. Bad taste in the mouth. Hands warm, feet cold. Soreness in region of the liver, very sensitive to pressure. Liver feels swollen. Tired, bruised, sore, strained feeling in the morning, slight dizziness < turning the head. Irritable stomach, dull frontal headache with blurring of vision. Liver sore to touch, feeling of fullness in abdomen, a congestive feeling with swimming before the eyes. Dizziness very pronounced, lassitude, dry feeling about the eyes as though a skin had dried on them. No appetite, constant nausea with belching of gas. Sticking pain in liver < on pressure, < lying on right side. Difficult defæcation, small, hard, knotty stool, arms sore and burning. Headache over the left eye. Woke up in the night with a very severe, sharp, knife-like pain in the liver. Dull frontal headache which lasted for several days.

Prover No. 4.—(Dose: 1x gtts. ij every two hours.) Dull, throbbing, frontal headache, worse in the morning, gradually passing off toward evening. Headache < by motion, with general malaise. Profuse, painless diarrhœa. (Proving discontinued on account of unavoidable circumstances).

Prover No. 8.—(Dose. dram j t.i.d.) Pain under right shoulder blade and in right shoulder. Constant sleepiness, worse after meals. Loss of appetite. Tongue large and flabby, sclera yellow. Jaundiced. Bad taste in the mouth constantly. Pain in epigastrium.

Prover No. 12.—(Dose: gtts. v every two hours.) Sharp, cutting pain across small of back, in region of the kidneys. Pain and stiffness in left shoulder joint and back of neck. Dull frontal headache, worse in the morning > by eating. Numbness in right arm and leg. Constipated. Headache worse on right side, disappearing toward noon. Burning in urethra on urination. Urine highly coloured. Feel sleepy all day. Drowsiness in the morning after a sound and undisturbed sleep. Dizziness on rising > by moving about. General depression, loss of appetite. Headache on awaking, which disappeared after breakfast. Hands and feet cold.

SYMPTOMATOLOGY.

GENERAL.—*Lassitude* (6), indisposition to work. *Constant sleepiness* (6), awakes feeling tired and dizzy. Chilliness. General feeling of malaise. Tired, sore, strained feeling as from over exertion. *General irritability* (3).

HEAD.—*Dull frontal headache, worse on left side, < in the morning, < by motion, < by warmth, passing off toward evening* (12). Violent headache all over cranium. Dull pulling pain as if caused by a tight rubber cap. Dull headache extending upward from the eyes to the temples and to the back of the head. Cutting pain from temples through the frontal eminences. Throbbing pain in temples and in back of head with nausea. *Vertigo* (3). Dull supraorbital headache, worse over right eye, with faintness. Dull headache > by pressure of hand. Headache with nausea and perspiration > by going into cool room. Confusing frontal headache < from smoking, with great sleepiness and general lassitude. Stiffness and soreness of the muscles of the neck. Headache < from sudden jar or motion. Dizziness on awaking in the morning. Throbbing headache < by stooping over. Pain in the neck with stiffness in the muscles and headache < by motion. Dizziness < by turning the head.

EYES.—Pain in the eyes with nausea (3). Smarting and burning in the eyes. A feeling as if the eyes protruded. Lids feel swollen and hot, and eyes feel strained. Heavy sensation in the lids. Swimming before the eyes. Blurring of vision. Dry feeling in the eyes.

MOUTH.—Dry. Thirst for small drinks at frequent intervals. A drink of cold water relieves the headache and nausea. Bad taste in the mouth on awaking.

CHEST.—Severe pain in chest on left side. Stitching pains in chest especially on left side, intermittent.

STOMACH.—*Nausea* (6) almost constant, worse in the morning with drowsiness and general lassitude. *Loss of appetite* (5), the smell of food nauseates. "A good dinner is not palatable." Flatulence and belching of gas (3). Stomach sensitive to pressure. Nausea, without vomiting. Irritable stomach.

BACK.—*Sharp pains in small of back* (3) over kidneys, coming on suddenly, reach maximum slowly and stop suddenly. Dull ache in back (left side) from waist to shoulder. Sharp, stitching pains in left side of back in the region of the spleen, severe and intermittent. Lancinating pains in small of back on both sides.

ABDOMEN.—Flatulent distention with griping pains in transverse colon. *Liver engorged, swollen, with stitching pains, soreness and sensitiveness to pressure* (3), < lying on right side. Pain in left hypochondriac region. Pain in epigastrium. Griping pain in small intestines (2).

STOOL.—*Constipation* (4) or alternating constipation and diarrhœa (3). Violent pain in rectum following stool. Clay-coloured stool. Large, hard, dry stool accompanied with much flatus, anus sore and burning.

EXTREMITIES.—*Rheumatoid pains* in different parts of body (11). Pain in gluteal region extending down the thigh into calf of leg and ankle. Shooting pains in ankle, hip and knee. Dull ache in left arm and shoulder < by rest and warmth. Rheumatoid pain extending whole length of left arm. Intermittent pains in both shoulders, upper arm and neck on left side. Sharp shooting pain in right knee > by motion. Rheumatoid pains in joints of fingers of left hand. Dull pain in elbow and arm. Intermittent pain in left elbow joint > by motion. Crampy pains in muscles of right forearm. Lameness in right shoulder as if caused by rheumatism. Pain in biceps and extensors of the arm. Rheumatoid pain in right foot and leg. Pain in right shoulder and upper arm < after going to bed. Pain in scapular region < moving the arm. Sharp, shooting pain in left knee extending into ankle joint. Rheumatic pain in right shoulder < by lying on right side. Coldness of the extremities. Hands warm, feet cold.

MODALITIES.—*Worse*, morning; from warmth, tobacco, at rest. *Better*, in the evening; from motion, fresh cold air, pressure (headache), eating.

DOSE.—Tincture to third potency.

CONCLUSION.—*Stellaria media* appears to have a small but well-defined field of action. It induces a condition of stasis and congestion, and the accompanying sluggishness of all functions characteristic of the constipation diathesis coupled with shifting, intermittent, rheumatoid pains. Its head, stomach, liver, and bowel symptoms all point to congestion, the morning aggravation and conditions of amelioration and increase being almost identical with those of *Nux Vomica*, while the rheumatoid manifestations, their relief from motion, and aggravation from warmth, resemble most closely those of *Pulsatilla*.

The results of its experimental employment in cases of rheumatism and gout, both internally and as a local application to the affected parts, leave no room for doubt as to its efficacy in these obstinate conditions. The indications for its usage are so sharply defined that empiricism finds no justification in the prescribing of the drug.

There was apparently no definite relationship existing between the size of the dose and the severity of the symptoms caused, the smaller doses being all-sufficient to induce a well-defined and pronounced drug action, which larger doses failed to accentuate. However, the symptom manifestations appeared more promptly and more suddenly when the more

material doses were administered. Those provers who were of a sluggish habit seemed to respond to the drug's activity more readily. One prover, who had been suffering with constipation some time previous to entering upon the proving, noted an aggravation during the first few days, followed by a pronounced amelioration, even to an actual diarrhœa. Despite the most careful examinations of the urine and blood no changes could be detected, both remaining normal throughout the test, except in two cases in which the alterations noted were undoubtedly attributable to other causes. Another notable fact was the total absence of any abnormal symptoms in connection with the generative organs, both male and female, the sexual sphere being apparently entirely unaffected by the action of the drug.

Foster's Illustrated Encyclopedic Medical Dictionary cites the following as the properties and uses of the drug: "It is somewhat astringent and was formerly used in phthisis, hæmoptysis, hæmorrhoids and skin diseases, also as an application to wounds, ulcers, and inflamed eyes." Other authorities ascribe to the drug demulcent and emollient qualities, on the basis of which it has been used in the form of a wash or poultice in the treatment of various ophthalmias.

CORRESPONDENCE.

THE PATIENT'S POINT OF VIEW.

To the Editors of the "Monthly Homœopathic Review."

SIRS,—Has not the time come for the protection of the interests of homœopathic patients, and for a challenge to be made in the enemy's camp? I drifted into homœopathy quite accidentally, and have received treatment for some eighteen months. Just lately, I met Dr. —, of —, Cornwall, and Dr. —, of Glasgow, both allopath physicians, whom I know well. When I told Dr. — of my experience of homœopathy, he said that "the homœopathic medicines will not bear analysis," and Dr. — also stated in perfect seriousness that "there was nothing in homœopathy, and that I could just as well have been given Bread Pills!"

I consider that these statements, made apparently in perfect good faith, do not only cast a reflection upon homœopathy, upon my doctor, *but upon me!* This latter I somewhat resent, for I am known to be intelligent and I think level-headed, and when allopath doctors hint that I have been cured by some "Mind" process, I think the moment is propitious for me to challenge their statements, and for this reason I give you my name and address as well as the names and addresses and statements of doctors who are still opposed to homœopathy, and in this manner—by saying there is nothing in "the science of small doses" except "hallucination"—cast reflection upon homœopathic patients.

London, *May 30th*, 1904. Yours sincerely, N. G. BACON.

[We have omitted the names of the doctors referred to above.—*Eds. M. H. R.*]

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. ROBERSON DAY, Dr. E. A. NEATBY, Lieut. Col. DEANE, Dr. SEARSON, Mr. JOHN M. WYBORN (London); WM. P. SMALL, Esq. (Leith); Dr. ARNOLD (Manchester); Dr. A. C. CLIFTON (Northampton); Mr. W. H. WHEELER (Chicago); Dr. MUNSTER (Croydon); Dr. STEPHENSON (Dunedin, N.Z.); Dr. GRAHAM WILLS (Bath); Miss N. G. BACON (London); THE EDITOR OF "ANSWERS" (London); Dr. F. G. STACEY (Sheffield).

Mr. A. H. LEAKE (Nelson, N.Z.) is thanked for his letter, acknowledged last month. The Agent-General has kindly sent us a copy of the Report, and the interesting subject will be dealt with as soon as space permits.

Dr. F. G. STACEY (Sheffield), has removed to 719, Ecclesall Road, Hunter's Bar, Sheffield.

Dr. F. S. ARNOLD (Manchester), is leaving Manchester to reside at, and be the Physician-in-charge of the Hailey Open Air Sanatorium, Ipsden, by Wallingford.

Mr. WM. P. SMALL.—We regret that we cannot publish your letter, which would give just cause for offence, but though too late for this issue, we shall notice its subject in our next.

BOOKS RECEIVED.

Childhood in Health and Sickness. By J. Roberson Day, M.D. London: Kegan Paul, Trench, Trübner & Co., Ltd., 1904. *Stellaria Media: An Original Proving of the Drug.* By the University of Michigan Society of Drug Provers, 1904. *Why Students of Medicine should Select the Homœopathic School.* Prize Essay. Chicago. *Fruits, Nuts, and Vegetables: Their Uses as Food and Medicine.* By Albert Broadbent, Manchester, 1904. *The Homœopathic World*, June. *The Vaccination Inquirer*, June. *The Indian Homœopathic Review*, May. *The Bromley and District Times*, June 3 and 10. *The Tasmanian News*, May 13. *Hobart Mercury*, May 13. *The Clinique*, June. *The Hahnemannian Monthly*, May and June. *The Pacific Coast Journal of Homœopathy*, May. *The North American Journal of Homœopathy*, June. *The Medical Century*, June. *The Cleveland Medical and Surgical Reporter*, April. *The Medical Times* (New York), June. *The Medical Brief*, June. *Allgemeine Homœopathische Zeitung*, June 2 and 16. *Revue Homœopathisch Maandblad*, June. *Revue Internationale de Therapic Physique*, May. *Revue Homœopathique Française*, May. *Annales de Medicina Homœopathica*, January.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GUILD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

OUR Annual Congress has come and gone once more. It was held in London on Friday, July 1st, at the London Homœopathic Hospital, by the kind permission of the Board of Management. The attendance was fair, though not so large as we had anticipated at a London gathering.

Dr. GEORGE BURFORD, the PRESIDENT, opened the proceedings of the day by his Presidential address, the title of which was “‘*Similia Similibus Curentur*,’ as Science, Politics, Culture.” It was a very able, carefully thought out, philosophical, and yet eminently practical address, as we anticipated, and was listened to with interested attention and well-merited applause. A considerable number of strangers, ladies as well as gentlemen, were present to hear the address. We were pleased to observe that the PRESIDENT wore the robes pertaining to his University degree on this occasion. This is the first time in the annals of the Congress that academic robes have been worn, and we hope that this new departure will form a precedent to be followed by all future Presidents. Outward ceremonies of this kind are not to be despised. Academic robes give a dignity to the Presidential chair which it is right should be cultivated even in this democratic age, and in “other places” we find the tendency is not to despise these insignia, but to encourage their

use on important and public occasions. We, therefore, sincerely hope that Dr. BURFORD's example will be followed in future.

As the address was long, we are unable to print it entire in our present issue, and by Dr. BURFORD's special wish it will appear in three separate instalments. As this is so, we give a short sketch of his argument to connect the whole together. It is an address which will well repay reading even by those who heard it delivered.

The British Homœopathic Congress, he said, was inaugurated at Cheltenham in 1850, and has since met in annual session, alternating its choice of place between the provinces and London. The specific necessity for annual congregation, especially in the desirability of leaving some permanent memorial of each visit, was insisted on.

Passing on to the consideration of Similia as Science, he said that the homœopathic law took rank as an inductive law, of derivative value, and evidence was adduced in proof of this from the high authority of PROFESSOR BAIN.

The logical method of investigating the problem of the cure of disease was next cited from JOHN STUART MILL, and the strict accordance of HAHNEMANN's plan with that laid down by Mill was shown in detail. HAHNEMANN's deductive proof of his own inductive law was cited, as a classical instance of the conformity of Similia to the logic of scientific discovery.

The necessity for working out certain co-ordinate laws, notably the law of the dose, the law of expressing the data of the similar state, and the law for equating special relations of drug and organism, was urged, in order to build up a compact body of *axiomata media* in the science of homœopathic therapeutics.

That the similar law was a part of the order of Nature, and that the corresponding facts receive perpetual verification from all competent observers, was dwelt upon; and the strong collateral evidence of the potent action of infinitesimals, as set forth in PROFESSOR RUTHERFORD's work on Radio-activity, was given in some detail.

Turning to Similia as related to Politics, Dr. BURFORD quoted from PLATO's Republic that "the healing art did not exist for the benefit of the healing art," and that the politics of homœopathy were defined by the service it could render to the State and to the individual. The totally false issue often raised of the prior claim of an

academic order, was destructively criticised. The lines on which Homœopathy could best forward the sanitary interests of the nation were enumerated, and special stress was laid on the establishment of public institutions, *e.g.*, hospitals, sanatoria, convalescent homes, as indicating the value of Homœopathy as a State factor.

Further, the desirability of presenting a clear statement of the present-day scientific position of Homœopathy was shown, and it was stated that such a presentment was in course of preparation.

The canons of Culture, as given by Matthew Arnold, were next applied to some of the problems of Homœopathy, and the function of culture, defined by Arnold as "to see and learn the truth and to make it prevail," was shown to be of natural application in homœopathic problems.

The import of the present-day intermediate position of Homœopathy was indicated as interpreted in the words of Arnold, that "a tendency may be necessary, and even, as a preparation for something in the future, salutary, and yet that the generations or individuals who obey this tendency are sacrificed to it."

This was taken as corresponding to a fair description of the meaning of the present-day homœopathic status. The significance of the detached position of homœopathy, as working out its special problems on its own special lines, was examined, and the final issue of when and how this detachment would terminate, were discussed.

After a hearty vote of thanks to the PRESIDENT for his address, moved by Dr. BYRES MOIR, and seconded by Dr. E. A. NEATBY, the first paper was read by Dr. BYRES MOIR, on "Pneumonia in children up to the age of five, and the results of cases treated in the hospital." This paper was an admirable one, carefully prepared, full of valuable information on the subject, and conclusively showing the immense superiority of homœopathic over old-school treatment in this disease, which, under other treatment than the homœopathic, shows a large mortality. Dr. MOIR's paper will be a valuable one for reference in the statistics of homœopathic treatment, and it will appear in our columns in due course. It was illustrated by lantern slides showing charts of temperature and pulse. After a short discussion, the PRESIDENT announced that

it was time to adjourn for Luncheon. The members of Congress then proceeded to the Holborn Restaurant, where they were entertained by the Medical and Surgical Staff of the hospital as their guests, Mr. DUDLEY WRIGHT, the Chairman of the Staff, presiding. Mr. FRANK SHAW proposed a vote of thanks to the Staff for their generous hospitality, which was acknowledged by the Chairman.

The Congress returned to the Hospital at 2 o'clock, when the proceedings were renewed by the reading of the second paper by Dr. ROBERSON DAY, on "Intra-abdominal Phthisis in Children, and its Homœopathic Treatment." It will be noticed, as formerly announced, that all the papers of the day were to be devoted to diseases of children. Dr. DAY's paper was very able and exhaustive, and is well worth careful study when it appears in our pages. It was illustrated by excellent lantern slides. Dr. DAY had several patients to show in illustration of his subject, but want of time unfortunately rendered it impossible to bring them into the room for examination. For this reason also—the want of time—it was resolved that instead of proceeding with the usual discussion which follows the reading of a paper, the third paper by Dr. EDMUND CAPPER should be taken, and the discussion on both reserved till afterwards. Dr. CAPPER's paper was on "Epidemic Diarrhœa in Children, and its Homœopathic Treatment," a very carefully and ably worked-out paper, full of valuable information and statistics, and giving the result of a large personal experience. In fact, all the three papers were of a very high order of merit, and were received with much applause.

When Dr. CAPPER's paper was concluded, the hour for afternoon Tea, which was generously provided by the Board of Management, had arrived, and the members of Congress adjourned to the dining-room for this refreshment. But as time was short, the members re-assembled in twenty minutes to transact the necessary business of the Congress. The place of meeting for 1905 is to be St. Leonard's-on-Sea. It has never before been held there, and, we have no doubt, the charm of this seaside health-resort will add much to the pleasure of the meeting. Dr. GOLDSBROUGH was elected President for the ensuing year, a selection which, we are sure, will add dignity to the

Chair, and to the Congress. The position he has made for himself in the profession by hard practical work, by the Editorship of the *Journal of the British Homœopathic Society*, by his very able and philosophical writings, and by his special work as Physician to the Hospital, is such that no more deserved honour could be conferred upon him. We congratulate the Congress on its selection, and we shall look for a very thoughtful and philosophical Presidential address from him.

The year 1905 is the year when the International Congress should be held ; and at Paris in 1900, America was chosen as the meeting-place. But as we have as yet heard nothing of any arrangements for its meeting, and as a comparatively small number of our English colleagues would probably attend it, it was thought best to hold our British Congress all the same in 1905, and not to skip a year as has been done before.

The President will be ably supported by Mr. FRANK SHAW as Vice-President.

The other officials were then chosen. By the time all this business was transacted, it was found, to the general regret, that time would not permit of the taking of the discussion on the papers of Drs. DAY and CAPPER, and the day's proceedings had to be brought to a close without it. The fact of only one day being devoted to the Congress, and the papers being all long, are the unfortunate but unavoidable causes of the discussion being driven into a corner.

The members of Congress, with a large number of guests, ladies as well as gentlemen, dined together at the Holborn Restaurant. The dinner was most excellent, and well-served, the usual toasts were given, and were interspersed with songs and pianoforte playing by members of Congress, the musical arrangements being under the kind management of Dr. BLACKLEY, who has so often before thus contributed to the enjoyment of the evening.

The whole day's proceedings were eminently successful, and evidently the general feeling was that a thoroughly excellent intellectual and social reunion had been enjoyed by all, and that the 1st of July will remain as one of the red-letter days of the year.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE GRAND FÊTE at the Botanic Gardens, which we announced as to be given under the auspices of the Ladies' Branch of the Association, took place on Thursday, the 7th of July. It was held under the patronage of a very distinguished list of patrons, patronesses, and grand committee, which we subjoin.

HER GRACE THE DUCHESS OF HAMILTON AND BRANDON
 THE MOST NOBLE THE MARCHIONESS DE SAIN
 THE RIGHT HON. THE EARL CAWDOR
 THE RIGHT HON. THE COUNTESS CAWDOR
 THE RIGHT HON. THE COUNTESS OF MORLEY
 THE RIGHT HON. THE DOWAGER COUNTESS OF KINTORA
 THE RIGHT HON. THE DOWAGER COUNTESS CAIENS
 THE RIGHT HON. THE COUNTESS DE POLIGNAC
 THE LADY VICTORIA CAMPBELL
 THE LADY MARGARET CECIL
 THE RIGHT REV. THE LORD BISHOP OF AMYCLA
 THE RIGHT HON. THE LORD CLONBROCK
 THE RIGHT HON. THE LORD CALTHORPE
 THE RIGHT HON. THE LADY CALTHORPE
 THE RIGHT HON. THE LADY WALSINGHAM
 THE RIGHT HON. THE DOWAGER LADY CONGLETON
 THE RIGHT HON. THE LADY LOCH.
 THE RIGHT HON. THE LADY DE TABLEY
 THE RIGHT HON. THE LADY O'HAGAN
 THE LADY JANE TROTTER
 THE LADY IDA LOW
 THE LADY BERKELEY PAGET
 THE LADY WILLIAM LEE-WARNER
 THE LADY EMILY CHICHESTER
 THE LADY EDITH CHARLES
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The weather was on the whole favourable, for though the sky was cloudy, and no sunshine was visible, yet there was no rain—a matter of the greatest importance—the atmosphere was warm and there was no wind. The most delicate ladies could thus sit out all the afternoon with comfort and pleasure.

The assembly was large, there having been well on to a thousand ladies and gentlemen present. Such a gathering has never before been attempted in the annals of Homœopathy. We have hitherto too much kept our light under a bushel, and it was time that such a visible demonstration of the life of homœopathy should be presented to the public. There will henceforth be no excuse for our “friends” of the old-school saying, as they have done on many a recent occasion, that homœopathy is dead. As we remarked in a former editorial, if homœopathy is dead.

it is an uncommonly lively corpse, altering slightly what Mr. GERALD BALFOUR is reported to have said of the present Government.

The life, progress, and activity of homœopathy could not have been more clearly shown than by the distinguished support given to the Fête, and by the very large and distinguished personal presence of those who honoured the Fête on that afternoon, among whom, we understand, was Field-Marshal LORD ROBERTS. The occasion was unique, and the success of it was perfect, as all who were there agreed.

It will give an impetus, such as hardly any other occasion could give, to the enthusiasm for the cause of homœopathy in the minds of the public and the profession, and to the work of the British Homœopathic Association for the advancement of the teaching and propagation of Homœopathy, and we heartily congratulate the Ladies' Branch of the Association, and the members of the Fête Committee, on the unqualified success of the Fête. And in doing so, we cannot but make it widely known that one name which does not appear in the front, or in fact at all, namely that of Dr. BURFORD, is the name of the life and soul of the whole project. To our knowledge, the amount of untiring energy, time, and capacity for detailed work given by him to further the success of the Fête, has been simply enormous. His remarkable organizing power, his mastery of detail of management, is little suspected, and only known to those who have had the satisfaction and pleasure of working with him. And it ought to be known, as he so studiously kept himself in the back-ground of any public announcements. He was, in fact, the General, who directed the movements of the other officers, and we cannot allow this occasion to pass without letting it be known to whom we owe the complete success of the Fête.

At 2 o'clock the splendid band of the Royal Artillery began to play, and at 3 o'clock LORD CALTHORPE, supported by Mr. and Mrs. STILWELL, Mrs. STEPHENSON and Mrs. HENRY WOOD, the Hon. Secretaries of the Ladies' Committee, LADY IDA LOW and the MISSES RAFFLES, received, in a handsomely decorated and carpeted tent, a large number of the visitors. On account of the wedding of one of EARL CAWDOR's daughters, LADY CALTHORPE was unable to be present at the Fête, and for the same reason LORD

and LADY CAWDOR were prevented from honouring the Fête by their presence.

After this Reception ceremony was concluded, a large number went to see the Pastoral Play, Shakespeare's "Twelfth Night," given by Mr. BEN GREET's company. It was most successfully performed in a wooded knoll, and was much enjoyed by the audience. At 5.15 o'clock a really charming concert was given in the conservatory, under the kind direction of Mr. RAPHAËL ROCHE, when the following artists, who had generously given their services, performed. M. TIVADAR NACHÉZ, whose violin playing is so superb and well-known; SEÑOR RUBIO, whose cello playing is so rich; SEÑOR GUETARY, of the Royal Italian Opera, the beauty of whose voice it is superfluous to praise, and Mr. SOPRA, the remarkable Canadian soprano. His voice is absolutely unique, a genuine soprano of beautiful tone and quality, and so artistically managed. Mr. JOHN THOMAS, harpist to the King, was to have also generously contributed his talents for the concert, but from some unfortunate mistake, the audience was deprived of this pleasure.

This concert was one of the chief features of the afternoon, and the conservatory was crowded to overflowing.

During most of the afternoon D'AMATO's Neapolitan Singers, in their national costume, sang in the open air, and were a great attraction. Besides all this there were side entertainments; Mr. CHARLES BERTRAM, the well-known conjurer; Mr. PERCY FRENCH, the very clever "Lightning Artist"; "Society Sketches" by Mr. HAROLD JOHNSON, which were extremely clever, and recitations by MISS ANNA MATHER. There was thus a constant round of entertainment, suited to all tastes, going on from two till seven o'clock, and most of the visitors stayed to the very end. Afternoon tea was served to everyone from 4 till 6.30 o'clock, and so any sense of weariness or fatigue was obviated. The "Flower Tent" presided over by Mrs. JOHN MEWS, with the assistance of young ladies, was beautifully furnished with flowers, and was a great attraction. To add to the success of this Flower Tent, Messrs. JAMES EPPS & Co. generously sent a large and handsome gift of eating chocolate. In fact, the whole afternoon was a complete success. Everything went without a hitch, and the unanimous opinion was that nothing could have been arranged more perfectly.

"SIMILIA SIMILIBUS CURENTUR," IN RELATION TO SCIENCE, POLITICS, CULTURE.¹

By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the London
Homœopathic Hospital.

PART I.—SCIENCE.

"The art of curing will then (*i.e.* with a perfected *Materia Medica*) approach to the same degree of certainty as the science of mathematics."—HAHNEMANN (*Organon*).

§ I.—In the name and by the authority of the British Homœopathic Congress, I welcome you to the public assembly of this its fifty-fifth Annual Session. By a wise catholicity, the rule of this Congress is to invite to the opening address those, both professional and lay, who are interested in the subject here falling to be considered. To the electorate I next convey my due appreciation of the great honour received at their hands in being designated their official head at this metropolitan gathering. This honour, gracefully conferred, was none of my own seeking, and I am deeply sensible of the appreciation conveyed by their suffrages. But this high office, like the others of this Congress, carries duties as well as honours, and I anticipate that the session will be actually pleasant and long memorable to you, auguring this from the able administration of their offices by my colleagues, and from the valuable material presented by the learned contributors of the papers for your discussion. Perhaps as a contributor also, though one whose effusion it is not deemed requisite to discuss, I may in a distant and halting sense add to your appreciation of the occasion.

§ II.—Our Congress is by no means a thing of yesterday, and its necessity and its importance are writ large in our professional annals. Fifty-four years ago a band of thinkers, imbued with that spirit that is immortal in man, the thirst for new truth, met for the first time in the provinces to confer on the topic of homœopathy. It was the era of congresses and peripatetic associations; and when I say that the members arrived mostly by stage-coach, you will gather

The British
Homœopathic
Congress:
its Foundation
and
Functions.

¹ Being the Presidential Address delivered before the British Homœopathic Congress, at the Session of 1904.

what a respectable antiquity invests the foundation of this Congress. Its succession, carried on through an unbroken line of more than half a century, is in its way apostolic; and then, as now, it was clear that those of one mind should not forsake the assembling of themselves together. For such confraternities the whole is as great as its parts, only when the parts come together. Nay, a great ecclesiastic has shown how in some cases the whole may be greater than the sum of its parts; for as the inspired product of a great master of music is much more than the sum of the notes, and the power of an epic is vastly greater than the sum of the separate sentences, so does our assembling connote much more than the aggregate units, you and I, who constitute its number. The living sense of comradeship, the enhanced moral effect of meeting with one mind, the mysterious spiritual stimulus derived from human assemblage—these are but thinly represented, or represented not at all, by a mere paper register of adherents. These, then, are the higher functions of this Congress, which we thus congregating are to profit by: these are the underlying influences which permeate the tougher framework of our intellectual views. Like Antæus of old, who, when weakened, descending, touched his mother earth, renewing his vigour from the contact, so we in fraternal assemblage invigorate the springs of action from the contact of personalities. *Alere flammam* was the old Roman injunction; but for the lamp to shine with power it requires atmosphere as well as illuminant.

This, however, does not exhaust the specific functions of our Congress. It not only renews the vitality that streams from personal association: its rule of practice is further to be peripatetic. This is its missionary aspect: it represents the cult of homœopathy as national and generalized, and not a mere variety of specialism localized in a few self-contained areas without cohesion or vital connection. These external functions of our Congress are of equal importance with its internal doings. The incitement to a cultivated public interest in the vogue of homœopathy, the heightened local regard in its being and doing that a provincial convocation engenders, the nationalizing of our work, the strengthening of local homœopathic interests, the enhancement of local homœopathic activities—these are the collateral objects of our

annual meeting. Particularly the latter functions are of special importance ; and could we leave some permanent impress of our visits, such as the conversion of a Public Dispensary into a Cottage Hospital, or move the local interest to more effectually endow the Public Dispensary—really the out-patient department of a future hospital—it would be clear that our external as well as our internal duties had been well discharged. And I should not hesitate to place this collateral product in the hands of those men of light and leading, the permanent officials of our Congress.

§ III.—*Alle gute Dinge sind Drei*, says the familiar German proverb, and I have chosen *Similia similibus curentur* in its three-fold aspect of Science, Politics, and Culture, or in its three-fold relation to these, as the subject for this morning's prelection. In expounding this triple function of our law, I propose to consider the two latter elements, Politics and Culture, as governed by the authority and founded on the basis of the former part, that of Science.

Similia
as Science:
an
Inductive Law.

§ IV.—Captain and chief then of our triad, stands Science. "To the solid ground of nature trusts the mind that builds for aye," sings the great English poet of nature. It is owing to the direct investigation of our department of nature by observation and experiment, that we as homœopaths live, and move, and have our being. Archimedes in Syracuse discovering the law of specific gravities ; Galileo reasoning on the cause of the swinging lamp in the Cathedral of Pisa ; Newton following out the train of thought said to be initiated by the falling apple—these were not more epoch-making than Hahnemann when he experimented with Peruvian bark on the healthy body, and added a series of similar investigations to his initial enquiry. The upshot of this was the liberation of one of those

"Truths which wake, to perish never."

For the facts, demonstrated first by him, and since by others, are part of the order of Nature ; they can be independently verified by any one at any time ; observation and experiment may repeat them in whole or in part

at will; and thus the full-orbed medical science of the future must, as grounded on the realities of nature, give place and power to the facts and law won by Hahnemann from darkness to light.

The Homœopathic science of medicine is therefore an experimental science; and as observation and experiment are the twin methods of induction, we claim for "*Similia*" that it is an inductive generalization of derivative, not empirical, value; one of the "*axiomata media*" of Bacon.

Now much nebulous writing, the issue of much slack thinking, has spoiled much good paper in decrying the validity of "*Similia*" to rank as an induction. I will therefore put as lucidly as may be the steps of the logical proof of the inductive rank of "*Similia*" in medicine.

And I will begin by quoting Professor Bain, who, as Tyndall once remarked, "shines with a somewhat dry light." "That quinine," says Bain, "cures a fit of ague is an empirical law. It is a uniformity established by experience; we have reason to believe it is capable of being resolved into a more general uniformity. The present inability to resolve it is a disadvantage, not merely in a theoretical point of view, but as regards the application of the law in practice."

Now this is practically where Hahnemann began. Translating Cullen's *Materia Medica*, he was struck by the vague explanations given of this action of bark in ague. So he resolved to test the question himself, and on taking 4 drachms of the powdered bark, found to his intense surprise that the disturbance it caused in him, a healthy man, was similar to that it cured in the aguish sick person. Bark, in short, caused the symptoms of ague: it had long been known to cure them.

What was the meaning of this? Was the curative power of bark in ague, due to the fact that it could reproduce the state in the healthy? Or was it due to some other cause?

"We must," says Bain, "somehow arrive at inductive generalizations, and next prove them when arrived at." Hahnemann, seeing that the most striking and singular element in this dual action was that of similarity, determined to collect proof for or against this. History was ransacked to procure evidence of this cause of cure; but, unmindful of these for the purpose of proof,

Hahnemann made further experiments on himself with many other remedies (105 in all during his life), and in every instance satisfied himself of the pathological powers of a drug furnishing the index of its curative scope.

This was henceforth the *magnum opus* of Hahnemann's life, and the proofs accumulated thick and fast. Belladonna cures scarlatina; belladonna produces symptoms perfectly indistinguishable from those of the scarlatinal poison. Camphor cures cholera; the effects of camphor on the healthy—the cramps, the dejecta, the collapse, reproduce with fidelity the true cholera symptoms. And so on through the whole gamut; phosphorus in pneumonia, aconite in fever, digitalis, hyoscyamus, hellebore, veratrum, they one and all presented the same correspondence. Tested and tried under all conditions of youth and age, of sex and temperament, of climate, race, and even species, in every instance without exception the parallelism holds, that as is their disease-producing power, so is their curative value.

Similia an
Inductive Law
of Derivative
Rank

§ V.—A higher uniformity had thus been established, and the agree-curing power of cinchona proved to be a specific example of a more general law. Now again to the dry light of our logician. When, remarks Professor Bain, what was an empirical law has been resolved into more general uniformities, or into highest laws, it is termed a derivative law. The converting of an empirical law into a derivative law, is a step gained both in scientific value and in practical facilities. He continues: "Until the day arrives when the operation of medicine is made derivative, the only progress possible is to obtain a more exact statement of the conditions attending the successful application of modes of treatment"; to accumulate empiricisms in fact! "And this, pending a derivative law, is the only progress possible!"

The stars in their courses, however, have fought for the human race, and in process of time this derivative law—this operation of medicines made derivative—so ardently desired by the great logician, was brought to the light of day. This inductive generalization is tersely expressed in the Latin phrase *Similia similibus curentur*, and is the general scientific law of homœopathy.

§ VI.—But an inductive generalization requires proof, and the most critical proof to which it can be subjected is to make it part of a deductive process, and thus to extend the generalization to new unobserved cases, completing the proof by verification. The classical instance of this is, of course, Hahnemann's advice as to the treatment of cholera. In 1831, when cholera first invaded Europe, Hahnemann, before he had seen a case, strongly advised the treatment of the epidemic with camphor, as the issue of the homœopathic law. Quin, who was then in Moravia, carried out this advice, and had a mortality of 27 out of 278 cases. Later, in Vienna, the same treatment was carried out by Fleischmann, and the report was that while two-thirds of those treated homœopathically recovered, two-thirds of those treated by the ordinary method in the other hospitals died.

So much for this classical instance of the deductive proof of Hahnemann's inductive generalization. Of course this is a proof we repeat every day, when in prescribing homœopathically for a diseased state we cure it. Each time we select the similar remedy for a morbid condition we employ a purely logical process—that of deduction—and we complete the process when we verify the accuracy of the selection by the cure of the patient. This, the assertion of the logical warrant for "*Similia*" and the logical correctness of its method of discovery and proof, will bear further review. It is a question for us of peculiar importance, for on the scientific interpretation of the facts of the case depended homœopathy a century ago, and depends homœopathy now.

In fashioning homœopathy as he did, it is scarcely probable that Hahnemann consciously devised a typical deductive instrument for the solution of the problem of the adjustment of remedies to diseased conditions. The great logicians of the Victorian era—and chiefly Mill—had not yet done their original work. But man often builds better than he knows; and it is much to the credit of Hahnemann's prescience that the method adopted by him is, according to John Stuart Mill, the only method logically valid for this enquiry. This point is so interesting historically, and so important scientifically to us, that I will present it in some detail.

Mill's Logic
and
the Method of
Hahnemann.

§ VII.—Hahnemann, desiring to clear up the mist of uncertainty that surrounded the curative action of medicines, set himself to this problem. Mill specifically deals with the proper conduct of such a complicated enquiry, and states a case thus: "Let the subject of enquiry be," says he, "the conditions of health and disease in the human body . . . and let it be limited to this—Is, or is not, some particular medicament, mercury for instance, a remedy for the given disease?"

This, substituting cinchona for mercury, might have been the question which Hahnemann propounded to himself as the basis of his work.

Mill proceeds to state that there are three methods—the method of pure observation, the method of experiment, and the deductive method—which here fall to be considered for the purpose of this enquiry. (1) The method of simple observation, says he, would compare instances of recovery with instances of failure in the use of this drug in disease, to find cases which agreed in all other respects save that the drug had been administered in some and not in others.

This, known to logicians as the method of Agreement, is condemned in the sweeping sentence: "No conclusions of value in a subject of such intricacy were ever obtained in this way. The utmost that would result would be a vague general impression." This method, we know, Hahnemann did not adopt; it was, in fact, the vague general impression that he desired to improve upon.

The second alternative method—the method of Experiment—is that of the direct trial of the drug in different circumstances of disease, and comparing the results. That is, observing the action of the drug on the diseased body, and obtaining our knowledge of its uses in this way.

Mill, after dealing in detail with the difficulties of this procedure, makes the trenchant criticism that "Anything like a scientific use of the method of experiment in these complicated cases is therefore out of the question."

We all know that Hahnemann contended most powerfully against obtaining by experiment on the diseased body our knowledge of the virtues of a remedy.

Mill makes assurance doubly sure by finally stating that these two methods, for the study of this class of enquiry, are "*from the very nature of the case inefficient and illusory.*" But here I may venture, Are not these

precisely the methods which the old school largely uses for the investigation of the remedial powers of drugs? Do not we hear *usque ad nauseam* about the curative value of a drug in a certain disease determined by giving it in one series of cases, and omitting it in another series of cases, and comparing results? Do we not also hear *usque ad nauseam* about new drugs by the score being tried in all varieties of disease, to try and find what their curative properties are, and assigning their use on these grounds?

§ VIII.—But turning now to the third available method, that of deduction, the critical atmosphere lightens. "The case, it is evident," says Mill, "is naturally susceptible of the deductive method of investigation." And previously dealing with this type of problem, "The instrument of deduction alone is adequate to unravel the complexities proceeding from this source." Then later follows this luminous description: "If, for instance, we try experiments with mercury upon a person in health, in order to ascertain the general laws of its action on the human body, and then reason from these laws to determine how it will act upon persons affected with a particular disease, this may be a really effective method, but this is deduction."

Could any words better describe the method which was fashioned for us by Hahnemann, and the facts with which it operates, very largely contributed to by that untiring genius?

The chapter in Mill's *Logic* on Plurality of Causes and Intermixture of Effects, is full of interest to every homœopath. The case stated and line of argument ensuing are definite and unmistakable. "Is, or is not, some particular medicament, mercury for instance, a remedy for the given disease"?

Mill proceeds to lay down that there are only the experimental and deductive methods available for this enquiry; dismisses the various experimental methods with short shrift, declares the deductive method the only available procedure, and illustrates what the deductive method is by that pregnant paragraph: "If, for instance, we try experiments with a drug on a person in health in order to ascertain the general laws of its action on the human body, and then reason from these laws to determine how it will act upon persons affected with a particular

disease, this may be a really effective method, but this is deduction."

Should in future any pamphleteer question the validity of "*Similia*" to rank as an inductive law, or cavil at the method of Hahnemann as unscientific, we may hand him over to the tender mercies of Bain and Mill, and cease to waste good powder on this type of critic.

§ IX.—Thus, then, we have clarified our notions concerning the position of *Similia* in the sphere of science. The law of *Similia* is thus an inductive generalization of derivative rank, capable of proof by the deductive method, but limited in application mainly by our lack of knowledge of its co-relative laws.

The chief of these co-relative laws still requiring elucidation is the law of the dose. The famous quip of Sir William Hamilton, "Has the practice of medicine made any progress since Hippocrates," may be paralleled by another, "Has the law of dose in homœopathy made material progress since Hahnemann?" That its investigation is of extreme complexity, the fact that a century's work has not cleared up the difficulty is eloquent. And the law of dose has many details to unify. There is the generalized necessity that the dosage must be relatively small; there is the established existence of a critical point dividing cure of symptoms from increase of symptoms; there are the proven powers of ultra-material or infinitesimal dosage, as well as of tangible or material quantities; there are the observed idiosyncrasies of patients as regards small doses of the similar remedy; all these and many other matters require unification in the law of dose.

What we definitely require is that a generalization on the points I have enumerated should be inductively established after a sufficient course of observation and experiment conducted *ad hoc*.

But *ars longa, vita brevis*: the formulation of these subordinate laws may not be within the life-circle of the *patres conscripti* of this assembly. Meantime could not the original workers among us, following the example of the mathematicians, fashion something like an integral calculus, which should compound the data already obtained into some manageable formula for present-day use?

II.—The Law of Criteria of the Similar State. § X.—The next law, co-ordinate with *Similia*, of equal importance with the law of dose, but, like it, as yet having no formal statement, is the law defining the essentials of the similar state and its means of identification. In what does the similar state consist? Is it in its phenomena—its *tout ensemble* of manifestations, its symptom-assemblage—or in its underlying vital processes—the altered physico-chemical conditions of disease?

Mill tells us that the effects of causes are far more accessible to our study than the causes of effects; and Hahnemann expressed this view when he enjoined the study and classification of symptoms as the royal road to the similar remedy. But how to ensure real, and not merely superficial and spurious, similarity? This practical difficulty was met by insisting on the totality of the symptoms, which at least ensured a similarly acting cause. But nature, careless of cure, does not often provide diseased action with an exact parallel in drug action. Frequently the parallelism is only partial, or diffuse and not definite, or difficult to isolate among cross-currents.

While the method indicated *a priori* by Mill, and warranted *a posteriori* by Hahnemann, will probably always hold the field, yet the many-sidedness of the similar state is full warrant for the various methods that have been developed by various observers. One postulates similarity as indicated by the clinical sequence of symptoms. Another sees in the revelations of the microscope and of the pathologist's scalpel the true basis for construing similarity. Here the best test is regarded as the patient's interpretation of his own subjective symptoms; there the criteria are viewed as derived from the readings of instruments of precision. Others, again, regard the touchstone as that of totality of symptoms, simplified by keynotes.

Now all roads lead to Rome: true, with varying directness; and a wider purview will unify all these methods of solving the problem, each possessing a certain value. To combine all these factors in a single instrument is the necessary and desirable object of those of our original workers who will evolve the law of the similar state.

Light may, however, unexpectedly dawn from another quarter. Recent research, and recent speculation founded on that research, have thrown much light on the *modus*

operandi of the similar remedy. My colleague, Dr. Johnstone, has put the matter succinctly in the luminous conception that the similar remedy cures by stimulating the organism to produce an antitoxin similar to the toxin which is the morbid agent. Now this conception, derived from the study of sera and the facts of immunity, may go far to revolutionize our methods for the determination of the similar condition. This idea, modestly termed by the author a working hypothesis, is yet so exactly infitting to the facts as we know them, that I cannot but regard it as the most important philosophical speculation in homœopathy of the last half century.

The Law of
Particular
Equation.

§ XI.—Quite as requisite as either of the preceding desiderata is a law enabling us to equate the peculiarities of the organism with the dose and selection of the remedy.

Thus the personal equation of the patient—the co-efficient of the individual—is indispensable when such fine adjustments as work with similars are being effected. Academically, we learn to prescribe for a theoretical personality in whom disease is grafted on to a usual state of health. Actually, specimens of this mean constitutional state are about as uncommon as that parallel device of the sociologist, the natural man. There are the differentiations effected by heredity; there are the loadings of congenital or acquired defect; there are the ever-acting perturbations of environment—strange latent twists given to the organism, and which, like the onion in Sydney Smith's salad, "unsuspected modify the whole." But all this has been worked out with the hand of a master by Dr. MacLachlan in his recent Wednesday Lecture under the auspices of the British Homœopathic Association; and to this I would refer you for a detailed and practical consideration of perturbations on the side of the organism.

Now similar difficulties are not unknown to other sciences, yet these find adequate devices to meet their exigencies. Mathematicians have provided themselves with a recondite law of averages which suffices for their special necessities. Logicians, when dealing with a complication of causes, sum all up as a generalized cause, and consider this valid for logical process. Nothing would seem more difficult to forecast than the span of human

life, yet actuarial calculations are made upon this with the formulæ of applied science, sufficiently accurate for millions of money to depend on it. Nor is there any inherent impossibility for a "law of perturbations in correspondence" to be evolved; and it is to be hoped that some genius will present us some day with this law, or at least a formula for calculating these perturbations in correspondence, due to the personal equation.

Sic itur ad astra: and in this way a compact body of science may be built up round the central law of *Similia*—a system of facts sufficiently many-sided to deal with the daily problems of cure, while in touch with new research and absorbing the results of new investigations.

The Necessity for Research into these Co-Ordinate Laws. § XII.—Newton in elaborating the laws of motion; John Dalton in working out the laws of chemical combination; Darwin in evolving the generalization of evolution—each found the total round of their science traversed by multiple and co-ordinate laws, each of which required expression. Bacon himself points out with insight the necessity of building up a body of science by various secondary laws; "It is these," he said, "that principally constitute the value of a science." For our progress it is essential that these co-ordinate laws—the law of the dose, the law of the essential characters of the similar state, and the law of perturbations in the correspondence of the organism—I say it is absolutely essential that these subordinate laws, still embedded in the facts of nature, should be discovered.

The Law of the Intermixture of Effects and the Latinity of Similia. § XIII.—The precise rendering, the formal statement of our law continues to attract attention; and many, especially classical scholars, have worked at variants of Hahnemann's classical formula.

Now when classical scholars differ, the appeal may well be to the dry light of science; and logic, the director of science, has provided for this and similar cases. The whole problem comes into the category of the intermixture of effects, and Mill gives a specific instruction under this heading. "All laws of causation," he says, "in consequence of their liability to be counteracted, require to be stated in words affirmative of tendencies only, and not

of actual results." It is the subjunctive mood then that we require—the implication of a condition in the formal statement, though this condition has nothing whatever to do with any inconstancy in the law, but only expresses complication in the fact; and this condition is that counteractive causes may be present. If nature presented us with pure specimens of the operation of our law, we could write "*Similia similibus curantur*," but as the concrete instances are always complicated by more or less counteraction, we have to write "*Similia similibus curentur*," or, likes tend to be cured by likes.

Proof led for § XIV.—The end of logic is proof; and
Similia: we have now examined, with the help of the
I.—Internal logician, the scientific basis of homœopathy,
Evidence. and indicated the lines of its future necessary
II.—External development. It is in the foundation in
Evidence. the order of nature, in this verification by the daily facts
of professional practice, in the potentialities of continuous
growth, that the main evidence for homœopathy rests.
What it is and what it can do are the provable, demon-
strable elements in the case for Homœopathy. One clear
instance of cure, planned, like Hahnemann's prescription
for cholera, on an inductive basis, and obtained by a
deductive method—this case is worth more for logical
proof than a whole series of indirect or speculative
exercitations. The most cogent and irrefragable proof
that can be led for homœopathy lies in its body of facts,
unified by a natural law, in the precision with which in
uncomplicated cases means can be chosen and issues
assured, in the practical results of restored health and
lessened mortality bills; in a word, in the actual demon-
strable facts which the sick room, the hospital ward, the
lunatic asylum furnish in profusion.

The Collateral § XV.—In the beginning of this twentieth
Evidence of century the civilized world, scientific and
Radio-Activity. lay, has been electrified by the new facts
disclosed in the province of radio-activity.
These researches have furnished us with physical analogies
of the most striking sort to the familiar facts of homœo-
pathic practice. Listen to these as they are given by the
most distinguished British investigator. These radio-
active bodies have been ceaselessly pouring forth energy

since their formation in the earth's crust—energy that has undergone no change in intensity or character with lapse of time, energy of motion which is 6^{10} times as great as that of a rifle bullet, yet accompanied by chemical change so slight that it would require the lapse of thousands of years for the balance or the spectroscope to detect what is revealed to a delicate electroscope after a second. Think of this—of ceaseless streams of energy evolved for an enormous time, yet with chemical disintegration so slight that chemical changes have never been observed by direct chemical methods. Well may this authority say that the energy radiated from one of these substances is enormous compared with the matter involved, and that the effects observed in most cases are produced by an almost infinitesimal amount of an intangible emanation.

Nor is this all ; these radio-active bodies are continually forming in their own interstices a product, which in the case of radium is many thousand times more active than radium itself ; which, moreover, induces the same radio-activity in all bodies exposed for some time to it, and which, to the extent of $\frac{1}{20000}$ th of its original potency, remains a new and permanent property of the acquiring body. These processes are above and beyond the cognizance and scope of the most refined chemical methods. Here is a demonstration : A tube out of which a perfectly invisible emanation from radium, and possessing absolutely no weight, has been *emptied*, is next washed out with an acid ; this is evaporated, leaving a radio-active residue more potent in some respects than radium itself, requiring 200 years to decay to half value. Moreover, in rooms where radium has been exposed to the air, an invisible radio-activity, perfectly undetectable by the balance or the spectroscope, is produced on the walls of the apartment, persisting even though the radium has been removed for some time.

Now facts parallel to these, but where the human body in certain defined states of disease acted with similar susceptibility to the electroscope in the former instance, were observed by Hahnemann a century ago, and have been confirmed by innumerable observations since. That matter too attenuated to be obvious to the test of the balance, or of chemical reaction, or of spectroscopic analysis, should yet be detected by a suitably sensitive

instrument, that of diseased protoplasmic condition; that initiation of new conditions may be effected in a responsive state by inconsiderable material agencies, and bearing absolutely no relation in point of quantity to the effects produced; that transmission of specific qualities through a series of indifferent media may be effected, leaving the ultimate product still potent to act; that media thus used for transmission retain permanently their new character; and that a specific and definite parallelism controls the interaction of remedy and organism—these facts, I say, have been known to homœopaths since Hahnemann, and may be verified by any competent observer who cares to take the trouble.

Further, these researches in radio-activity have a special and particular bearing on that crux in homœopathic practice, the dilution or attenuation. The ancient and exploded fribble which spoke of dilution requiring an Atlantic Ocean, and viewed attenuation as merely continuous division, may now operate as a millstone round the neck of any perpetrator in his controversial dealings with the kindly fluid. Hahnemann always speaks of attenuation with quantities that are limited, and continuous from trituration to trituration, from phial to phial.

It is probable that the conjecture of what goes on, in the process of attenuation making an infinite dilution, is quite wrong. Far more likely is it that this may accurately be expressed in terms of infinite transmission—transmission from mass to mass of a specific quality similar to that of radio-activity; and this being so, we should drop the term attenuation or dilution beyond a critical point, and recur to the old term potency.

§ XVI.—These and other advances in physical science have pulverized and destroyed the ancient objection to infinitesimals, due to a crude holding of the atomic theory. Those of us so foolish as to frown on *a priori* criticisms based on the now obsolete Daltonian view of the attribute of the atom, may now adopt Huxley's teaching that *a priori* reasonings are mostly wrong. Not only has the Daltonian atom been disenfranchised, but the electron, its substitute, possesses attributes so entirely different, as practically to make the handing on of specific properties an entirely conceivable physical process. This most

unscientific frame of mind has, I regret to say, been voiced in some of our text-books, and the sooner this baseless *a priori* animadversion is expunged therefrom, the better for our scientific credit. The caustic wit of the forcible-feeble has hitherto been incited by the fact that the processes coupled in homœopathic practice have had no parallel in nature. Now, however, the scene is changed, and whereas before we left our erstwhile critic who objected to the claim of *Similia* to be an induction, to the tender mercies of Bain and Mill, we may leave his fellow face to face with the phenomena of radio-activity, stranded above the high-water mark of the stream of scientific progress.

§ XVII.—In this cursory review of homœopathy as science, I cannot pretend to have sketched its many-sidedness, or to have given its multiple accordances with collateral knowledge each in their due force and proportion. I have chosen for review that part of the homœopathic presentment which lays bare the foundation of *Similia* in the scheme of things: which shows it as part of the order of nature: conforming to the principles of scientific discovery: tested by the criteria of logical proof. This is the position—that of nature-students—we take up, imbued with the necessity of perpetually verifying our facts, testing our interpretations of these by observation of the sick, and experiment on the healthy. And it is because we regard *Similia* as both truth and guide to further truth, that we are its adherents.

We are not the slaves of theory: we are the students of fact: we recognize that nature is ever greater than our knowledge: we see the line of progress to be of knowledge that it grows: of interpretations that they expand: and we adopt the breadth of outlook of the student of science so aptly pictured by Goethe:—

"Grau, theurer Freund, ist alle Theorie,
Und Grün des Lebens goldnen Baum."

(To be continued.)

EPIDEMIC DIARRHŒA IN CHILDREN, AND ITS HOMŒOPATHIC TREATMENT.*

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THE present Congress being devoted to the consideration of Diseases of Children, the subject of Epidemic Infantile Diarrhœa naturally presents itself as demanding a prominent position, the appalling annual sacrifice of infant life to its ravages being one of the reproaches of modern scientific medicine. Visions of the old romantic days of the insatiable dragon or sea-monster rise up before us, but no up-to-date Theseus dramatically appears to slay this twentieth-century Minotaur at a blow; and the prosaic heroism of the devoted Medical Officer of Health poring over filthy excrement and virulent test-tube, fails to arouse our enthusiasm.

This subject, important as it is, has, I believe, never before occupied the attention of the Congress. Papers dealing with it were, however, presented to the British Homœopathic Society in 1899, and in 1900: the first by Dr. Roberson Day in connection with the general subject of diarrhœa; the second by Dr. A. Lestock Reid in relation to a discussion on modified or adapted milk. The perusal of these most excellent papers has made me somewhat diffident in regard to my own contribution, and the only claim that I have upon your indulgence rests upon two factors. Firstly, I may be able to tell you something of interest in regard to the town of Leicester, which has gained a most unenviable notoriety in this particular; and secondly, I would present to you some clinical notes dealing with two epidemics of which I had practical experience, believing that a clinical paper, however imperfect, always possesses some little value.

For convenience of treatment I will group my remarks under four headings:—

(1). Infantile diarrhœa in Leicester, with some history of the research into its causes, and efforts to contend against them.

(2). A brief reference to the pathology and bacteriology.

(3). Modern treatment, prophylactic and general.

* Being a paper read at the British Homœopathic Congress held in London, July 1st, 1904.

(4). Homœopathic treatment, illustrated by records of two epidemics.

I.—INFANTILE DIARRHŒA IN LEICESTER.

For many years Leicester has had the reputation of being one, if not the chief, of the "diarrhœa towns," and consequently the lynx eye of the Registrar-General has been constantly upon it. In other respects, moreover, the mortality returns are particularly favourable, and but for the fatality of infantile disease (chiefly diarrhœa), Leicester would occupy one of the highest positions in the health list of the country. Again and again it has appeared in the returns as having the greatest or almost the greatest proportional infantile mortality of all the large towns; while again and again, in spite of this, it has been high in the list, when mortality from all causes is taken into consideration. But for this most serious infantile mortality, accounting for about one-third of the total deaths, Leicester would certainly rank among the first large towns in England and Wales as regards the lowness of the death rate.

Leicester is by no means behindhand in intelligence and shrewd common-sense; moreover, it has had the advantage for years of a particularly energetic Health Committee, and its Medical Officers of Health have been men of attainment, distinguished for their painstaking enterprise in the interest of the town. Consequently such a condition of affairs was not likely to escape their vigilance, and for many years active measures have been taken to discover, and if possible to modify, the causes leading to so serious a sacrifice of infant life. Leicester has therefore been a pioneer in such research, and a brief sketch of its efforts in this direction is not merely of local interest, but practically amounts to a review of the evolution of our present knowledge in regard to the causation of diarrhœal epidemics.

The excessive mortality from diarrhœa always occurs during the third quarter of the year, the annual returns demonstrating this fairly constantly. Systematic registration and tabulation of deaths was commenced in England about the year 1839. At that period there was no marked excess of deaths in Leicester during that quarter, and we may assume confidently that infantile diarrhœa is, comparatively speaking, a disease of modern

times. It was not until 1850 that deaths in the third quarter of the year so largely exceeded those of the second, but since that time this has been continuously the case. The question whether any special agency has existed during the last fifty years to account for this, will be answered in the course of the following remarks.

In an early report about thirty years ago, Dr. Sloane, Medical Officer of Health, attributed the excessive fatality of infantile diarrhœa mainly to impure milk. After a virulent visitation of the epidemic in 1875, at the request of the Health Committee, Drs. Buck and Franklin drew up a special report, based upon a very thorough investigation of those parts of the town where the epidemic had been most rife. As a result they arrived at certain conclusions which subsequent observation has tended to confirm. They maintained that the disease was a *specific* diarrhœa, a fact not previously recognized; that certain parts of the town (particularly the N.E.) were specially affected; that it was caused by an organic poison under the influence of heat; that such conditions as early age and debility of parents, maternal neglect, debility of infants, and poisoning by the promiscuous administration of sedatives in the form of patent medicines, etc., seemed to have no appreciable effect on the main question at issue; and that the houses in which fatal cases occurred were not in themselves insanitary as regards size, number of rooms, water supply, ventilation and space, house drainage and closet accommodation. They also asserted that the disease was most prevalent where the soil was water-logged, the sewers liable to be blocked up, and where the dwellings were built on undrained "made" ground.

The next year (1876) Johnston, afterwards Medical Officer of Health, wrote a striking pamphlet, which did much towards paving the way to our present knowledge of the subject. He demonstrated how surely the mortality from diarrhœa followed fluctuations in the temperature, and that heat was the most important condition of its prevalence. The fault was not in water-logging, but in *sewage*-logging, with leakage into the surrounding soil, this under the influence of heat leading to the generation of offensive effluvia. A clay sub-soil was especially favourable to such saturation. Certain sections of the town of Leicester were subjected, from their atrociously bad

drainage, to a higher concentration of the exciting causes of diarrhoea than elsewhere, and of these causes, impure air took precedence of all others. Leicester, with its want of facilities for affording an efficient declination to its tributary or branch sewers, and a sufficiency of outfall to its main sewers, combined with its lack of facility for the flushing of a flat system of sewers, was in a worse condition than any other large town in Great Britain. Nevertheless, the premises themselves, where fatal cases had occurred, were in a condition of sanitation almost as perfect as permissive sanitary legislation would admit of; and Leicester (taken in its entirety) for the cleanliness and width of its streets, the free ventilation of its yards, and the general neatness of its artisan homes, was unsurpassed by any manufacturing town in England.

Johnston was the first to call attention to a fact which has since proved to be the most significant phenomenon in the causation of epidemic diarrhoea; namely, its constant relationship to the condition of the *sub-soil temperature*. He showed that when this temperature rose to from 59° to 62° F., and the temperature of the air in the sewers to 56°, putrefactive fermentation set in. He demonstrated the presence of bacteria in the air of the sewers at this temperature, and in the surrounding air, and considered that summer diarrhoea owed its origin to the introduction of minute living organisms into the system by means of air or food, and depended upon consequent putrefactive changes in the bowel contents. He further demonstrated that the most important predisposing causes were in order of importance: (1) temperature, (2) atmospheric humidity, (3) rainfall; the combination most potent for evil being a high degree of heat, great atmospheric dryness, with little or no rainfall.

Tompkins (Medical Officer from 1885-91) ably carried on the researches of his predecessors. The most important conclusions he arrived at were the following. By making careful records of the earth temperature at depths of one to four feet, he demonstrated that soon after this registered 59° to 62° F. at a depth of from one to two feet, the causes producing the disease began to operate. Neither atmospheric conditions and high temperature, nor sewer gas *per se*, were the proximate cause, but these associated with the heat of the sub-soil above mentioned, became all-important. He likewise maintained that there

was ample evidence to show that continued pollution of the soil of certain parts of the town had been going on for half a century, producing a condition of the soil eminently favourable to the development of bacterial forms of life, and that in those districts of the borough where diarrhœa was most prevalent, the air was most contaminated with microbes and their germs and spores, and that all the results were intensified by the local position of the town, its clayey subsoil, its flatness, and the consequent difficulty in effectually draining it. Tompkins also made extensive bacteriological observations in the experimental laboratory, and demonstrated the fact that in the more fatal diarrhœa area a much larger proportion of germs per cubic metre prevailed. He extended his researches to patients who had died from the disease, making his examination as soon after death as possible; differentiated the disease entirely from typhoid, to which it was supposed to be related; and by making cultivations from organisms procured from fatal cases, was able to produce therewith a definite attack of diarrhœa.

It was during his period of office that the report appeared which the late Dr. Ballard, with the assistance of Mr. Power, had prepared for the Home Office on the subject of Epidemic Diarrhœa, with special reference to Leicester. This report was eight years in preparation, and was based upon information supplied by medical officers of health throughout the country. Very little appeared in this report which had not already been anticipated by Leicester investigators. It came out in 1889, but little has since then been added to our knowledge. Briefly summarized it states the following conclusions: The 4-foot earth temperature is the most essential point, excessive fatality of diarrhœa commencing when this stands at about 56° F., and decreasing correspondingly. The mortality is greater in dry seasons. The character of the soil bears an important relationship to it, the worst soil being that which is loose and permeable, such as sand; while the presence of organic matter, which need not be fœcal or excremental, is greatly favourable to diarrhœa. Either excessive wetness or complete dryness are inimical to its prevalence; restricted circulation of air, density of population or crowding of buildings, all favour its development. The idea that it depends largely on indigestible food is not so well founded; it is more likely due to some extraneous

substance in the food. Children wholly fed on breast-milk are almost exempt; those artificially fed, in whatsoever way, to the exclusion of the breast, suffer most heavily, and artificial feeding by the bottle is most dangerous of all; maternal neglect is a factor, as seen in the case of illegitimate children.

Provisionally the following deductions were formulated, and they fairly express the modern views on the subject.

The essential cause of epidemic diarrhœa resides ordinarily in the superficial layers of the earth, where it is intimately associated with the life processes of some micro-organism, not yet detected, captured, or isolated.

The vital manifestations of such organism are dependent among other things, perhaps principally, upon conditions of season, and on the presence of dead organic matter which is its pabulum. On occasion such micro-organism is capable of getting abroad from its primary habitat, the earth, and having become air-borne, obtains opportunity for fastening on non-living organic material, and of using such as nidus and as pabulum in undergoing various phases of its life history.

In food, inside as well as outside of the human body, such micro-organism finds, especially in certain seasons, nidus and pabulum convenient for its development, multiplication, or evolution.

From food, as also from the contained organic matter of particular soils, such micro-organism can manufacture, by chemical changes wrought therein, through certain of its life processes, a substance which is a virulent chemical poison. This chemical substance is, in the human body, the material cause of epidemic diarrhœa.

By this inquiry, therefore, the persistent prevalence and excessive mortality from epidemic infantile diarrhœa in Leicester was to a large extent explained. In the N. E. portion of the town, the principal seat of the fatal cases, the sub-soil has been for years contaminated by sewage, and the land is flat, presenting great difficulties in the way of drainage; and in addition to this, from its sheltered position the air is especially liable to become stagnant. Speaking generally, Leicester is situated on clay, beneath which lies the new red sandstone, but following the bed of the river for a variable distance on either side, alluvial deposit is found, consisting of sand, gravel, etc., of a varying thickness from the river townwards. In those parts

where the clay comes near the surface the small covering of soil has had scarcely any chance to purify itself, while in those parts where the more porous gravel and sand overlies it, until lately the periodical flooding by the river, and overflow and leakage from imperfect sewers, has sufficed to keep it more or less constantly contaminated.

Before Ballard's report was published, an elaborate scheme of reorganizing the whole drainage system of Leicester had been projected, and was for the most part completed by the end of 1891. Tomkins was succeeded by Priestley as medical officer, who held the office for 1892-94 inclusive, the borough being extended in his first year. He most ably continued the work of his predecessors as to the prevention of diarrhœa; among other measures making a careful inquiry by means of a printed form into all fatal cases, devoting particular attention to the question of ventilation of the sewers. Mr. E. G. Mawbey, the present Borough Surveyor, Fellow of the Institute of Civil Engineers and an ex-president, under whose able supervision the scheme was carried out, has furnished me with some particulars of the state of the drainage before the improvements were undertaken. About thirty miles of the sewerage of the old parts of the town were thoroughly examined. These drains were laid in 1853, and the inspection revealed twenty-seven miles of old rotten brick sewers, with un-mortared joints, the surrounding sub-soil being absolutely sewage-sodden. No means had been provided for inspection or ventilation. The new scheme included a system of flood works, which has been most successful in preventing the floods which formerly inundated the low-lying portion of the town, and in lowering the sub-soil water throughout the whole of the districts bordering on the river. Streets have been widened, new reservoirs opened, refuse destructors established, the pail system of closets gradually abolished, and many other minor details carried out; and at enormous expense the sanitary improvements have continued up to the present time. The permanent effect of these measures has yet to stand the test of time. The last few years the summer weather has not been favourable to diarrhœal diseases, but a fair estimate may be made by comparing the infantile mortality of Leicester with that of other English towns. The figures are eloquent, and show a decided improvement, since for the last few years its proportional

infantile mortality has been exceeded by that of from five to thirteen towns, and it appears no longer in its humiliating position at the bottom, or almost at the bottom of the list; a somewhat forcible testimony to the soundness of the conclusions arrived at with so much painstaking energy.

II.—CLASSIFICATION, PATHOLOGY, AND BACTERIOLOGY, AND GENERAL CONSIDERATIONS.

The classification of the different varieties of infantile diarrhœa presents considerable difficulty. In the first place no special form of diarrhœa is confined to infants alone, though a marked susceptibility is manifest during the first two years of life, and the fatality is infinitely greater, for obvious reasons, at that tender age. Victor C. Vaughan, in Starr's *Diseases of Children*, recognizes this difficulty in the way of a satisfactory classification, since the gravest symptoms in the most speedily fatal cases are often accompanied by the most superficial lesions, and only mild symptoms may arise when the pathological changes are extensive; and cases apparently identical clinically often reveal diverse lesions. The extent of the inflammatory changes is measured largely by the duration of the diarrhœa, and it would be as unscientific to attempt a classification founded on the pathological anatomy as it would be to designate acute, sub-acute, and chronic arsenical poisoning as desquamative, catarrhal, and ulcerative gastro-enteritis. He therefore adopts a classification founded on etiology, recognizing that the so-called "summer diarrhœas" of infancy are due to the growth and multiplication of bacteria, and the formation by them of chemical poisons. Clinically, for practical purposes, this is the most useful basis to work upon, though most of us will prefer to go no further with Vaughan in his classification; since, reasoning that such organisms are in the great majority of cases taken into the body in the milk that is consumed, he treats the subject of summer diarrhœas under the head of sub-acute and acute milk infection. It is better to adopt Holt's division. Regarding the nature of the attack as that of a gastro-intestinal intoxication, he conveniently divides the cases clinically into two broad groups, viz.. (1) the simple form, (2) true cholera infantum.

In summer diarrhœa we have, then, a gastro-intestinal

intoxication of epidemic character prevailing not only in this country, but also in other cities of Europe and in America, its severity corresponding with remarkable regularity with the 4-feet sub-soil temperature. It is of bacterial origin, though no single micro-organism is as yet specifically associated with it, and it is confined almost exclusively to towns. Two clinical types may be recognized: (1) the simple form, (2) true cholera infantum.

These two types are only too familiar to all, and it would be wearisome to recapitulate the well-known symptoms. It may perhaps be objected that the distinction is merely one of degree, though this is not the view taken by Holt. At all events it is a most convenient division, since it differentiates those cases which develop slowly, and are apt to be disregarded by the mother from the mistaken idea that the child is "only teething," until grave symptoms appear, from the virulent form of cholera infantum, the onset of which is very sudden, the most alarming symptoms supervening in the course of a few hours.

Morbid Anatomy.—The gross appearances are usually disappointing. In cases terminating fatally within four days, even the superficial epithelium may be quite normal in appearance; and a description of the changes which occur in cases lasting over this time would merely be a picture of the morbid anatomy of entero-colitis. When the disease has been of longer duration the mucous membrane is swollen, the villi are prominent and purplish, and the solitary and agminated follicles are congested and projecting. Later the inflammatory processes may involve the deeper layers, and ulcerations in every degree may ultimately appear.

Microscopically, in autopsies made within four hours of death, the essential lesion is found to consist in degenerative changes in the epithelium of the stomach and intestines. The cells may still be present, but with the cell protoplasm and nuclei so changed that they do not stain normally. Bacteria are found in the epithelial layer, and in the upper portion of the crypts of Lieberkühn. In more severe and prolonged cases the superficial epithelium is entirely destroyed, and through such breaks the bacteria can be seen penetrating into the deeper structures of the intestinal wall. Unless autopsies are made immediately after death, little significance can be attached to the presence of bacteria, particularly the colon bacillus, in the deeper

layers of the intestine, in the other organs, or in the blood.

Lesions of other organs take place according to the attending complications, a brief reference to which will be made later.

Bacteria.—In spite of the fact that since the year 1886 many series of bacteriological studies have been made of the intestinal discharges by Booker, Baginsky, Escherich, Vaughan, Finkelstein, Tompkins, and others, it must be confessed that our knowledge on this subject is as yet very incomplete. Possibly at a future date some specific organism may be discovered, but at present no *one* particular organism appears with constancy, though Booker himself has demonstrated more than thirty microbes in the stools. The latter observer states, however, that a group which he calls the “proteus” group was represented in fifteen out of nineteen cases. Holt lays great stress on the point that from a bacteriological point of view two kinds of infection must be considered, and that these diarrhœas may be the result of infection either from without or from within. It has been established, he says, that infection from without is often due to the *streptococcus* (Escherich, Libman, Hirsch, etc.), sometimes to the *Bacillus pyocyneus*, and the evidence is well-nigh conclusive regarding the *proteus*, the *colon bacillus*, and the *staphylococcus*. These and other varieties of bacteria, chiefly saprophytic, may be introduced with milk and other food, and some of those not ordinarily pathogenic, may under favourable conditions become so. He considers that too much attention has been given in the past to this infection from without. Infection from within—auto-infection—may result from the development of pathogenic properties in bacteria normally present in the intestines; for example the *colon bacillus*, as in a series of cases studied by Escherich, and possibly there are several others. This change in the action of the bacteria is the result of altered conditions in the intestines, usually the consequence of disordered digestion.

The nature of the toxins produced by these bacteria is as yet not accurately known. There is, however, considerable evidence that the most important of these are acid in character. *Streptococci* may be associated with mild or severe cases, and the clinical type seems to depend less upon the variety of bacteria, than upon the virulence

of the infection, and other conditions such as the state of the mucous membrane. The nature of the infective process is usually a sapræmia, but it may be a genuine septicæmia.

One of the latest side-lights on the subject is the demonstration by Duval and Bassett (*Amer. Med. in Brit. Med. Jour.*, Oct. 11th, 1902) in the stools of forty-two cases of infantile summer diarrhœa, of a bacillus which they believe to be identical with the bacillus of dysentery described by Shiga.

Before leaving this section, just a word should be said in regard to the complications liable to occur, especially as many of them are in evidence in the tables I have furnished of my own cases. Those most commonly appearing are erythema of the buttocks and thighs, boils over the head and face, enlargement and possible suppuration of the inguinal glands, and more rarely of lymphatic glands about the throat, stomatitis, aphthous ulceration, nephritis, and convulsions. A considerable amount of fever is a very frequent accompaniment. It can readily be understood that the condition of the patient, especially in protracted cases, renders him susceptible to specific organisms generally, and tuberculosis is frequently developed. I would refer, however, particularly to the special tendency to lung complications. Some form of pulmonary congestion is so common an accompaniment, that in my own cases I was always on the watch for it. It may be an attack of acute bronchitis, but all writers on the subject mention the special liability to bronchopneumonia. This latter, Lesage attributed to direct infection of the lungs by breathing air tainted with the virulent *Bacillus coli*.

III.—PROPHYLAXIS AND TREATMENT.

(a) *Prophylaxis*. Since epidemic infantile diarrhœa is to a considerable extent a preventible disease, a grave responsibility rests with the Sanitary Authorities of our large towns; and happily to such responsibility they are keenly alive, especially in those towns where the mortality from this cause is alarmingly great. From experience acquired from continuous observation, there is a fairly constant agreement upon the general lines to be followed. Of first importance (and this of course applies to all zymotic diseases) is a thorough and efficient drainage

system with properly regulated fall, ventilated by shafts passing above the houses, and not through the man-holes. Attention should be given to the removal of all liquid and solid filth; pail closets should be absolutely abolished. The dryness and cleanliness of the soil should be ensured as far as possible, and the ground about dwellings sealed wherever practicable with impenetrable material, such as cement; the ground water should be lowered permanently to such a point as will prevent dampness of the soil. Free ventilation should be secured by such means as the widening of streets, the provision of free spaces, etc., and the erection of back to back dwellings totally condemned. The constant watering of the streets, especially in summer time, is an important precaution, since it is maintained with much reason that dust bears no small part in the spread of the disease. The sanitation of road traffic is, deservedly, receiving much more attention than heretofore. Offensive offal should be as far as possible carefully removed, since in dry weather with even moderate breezes, foul matter is blown about in the air we breathe, and thus comes in contact with food exposed for sale, and with milk served in open vessels. Bacterial examination reveals in this street pollution the presence of many organisms, among which may be mentioned those of tetanus, glanders, anthrax; also *streptococci*, *torula*, and *sarcina*, *staphylococci*, *B. proteus*, *B. subtilis*, and *B. coli communis*. Where paving is defective the street refuse soaks down through the interstices, and the polluted understratum thus formed, affords a fruitful culture-bed for bacteria.

Of equal importance to the efficient drainage of a town is the purity of its milk supply. Milk is without doubt the most common channel through which diarrhœal infection is propagated. Given a perfect milk supply, it is generally agreed that the scourge would in great measure disappear. Hence the absolute necessity of a systematic inspection of dairies. Moreover the people should be warned by whatever means may suggest themselves locally, to observe certain precautions in regard to milk. Its storage on the ground floor of dwelling houses or in underground cellars should be discouraged; pantries should not be underground cellars or cellar stair-heads. Receptacles for food should be light, cool, dry, and well ventilated, and protected against rise of ground air.

Where there is any doubt about the purity of the supply, the milk should be boiled immediately on receipt; there are certain well-known disadvantages attending this measure, but when diarrhœa is prevalent it is a most essential precaution. Besides the milk, other food should be constantly inspected by the Sanitary Authority; stale fruit and over-ripe fruit especially should be condemned, the exuding juices forming a most favourable nidus for the development of bacteria. With the advent of diarrhœa, prominent notices should be posted about the town with a warning in regard to the danger of neglecting early symptoms, emphasizing the importance of general and personal cleanliness, and especially giving simple directions as to the feeding of infants.

Finally, the sooner instruction in elementary hygiene is made compulsory in government schools, the better for the community at large. It has been often suggested that the feeding and management of a baby should be an essential part of the education of senior girls, and such a regulation would, without doubt, be the means of saving many infant lives.

General treatment.—Before proceeding to the final section, namely, the homœopathic treatment, it is necessary to refer to some general principles. First, in regard to diet. The almost universal teaching nowadays is to immediately stop all milk, for a few hours in the case of breast-fed babies, for a longer period where hand-feeding is employed. Escherich has shown that the bacterial flora of the infant's intestines change radically and speedily when milk is excluded from the diet. Such a proposition sounds simplicity itself; practically the problem of providing an efficient substitute for milk is often well-nigh insurmountable; it is, in fact, the "counsel of perfection." Those who have been engaged extensively in dispensary work cannot fail to recognize it as somewhat utopian.

To enter into details of dietary treatment would be to write a small treatise on the subject, and to little purpose, since the commonsense adaptation of general principles to the special circumstances is often the only practicable possibility. The greatest difference of opinion exists as to the means that should be adopted. To cite examples of this divergence, some recommend the employment of artificial foods, such as beef-jelly, panopepton, bovine; while others (particularly Vaughan) condemn all trade

meat extracts as worse than worthless ; solutions of egg-albumin have been highly lauded, but Synott considers this entirely a thing of the past, as difficult of digestion. This also is the opinion of Kerley, who regards it as an atrocious substitute for milk, forming a putrefactive culture medium. But at all events some measures must be taken for providing the proteids and carbohydrates which milk contains in ideal proportions ; the former are best supplied by animal broths, *e.g.*, beef, mutton, chicken or veal bouillon, and the latter by some form of soluble starch or dextrin, obtained by boiling rice, arrowroot, barley, etc. Dr. Roberson Day recommends as the best diet whey made with rennet, or wine whey. Dextrinized barley gruel with the addition of malt diastase, is generally available and of the greatest value. As soon, however, as the crisis is passed, barley, water and milk, or sterilized milk (preferably peptonized), should be gradually resumed with caution. In any case all food should be given during an attack in small quantities (about one-quarter the usual amount), and thirst should be relieved by giving freely water, whey, or thin barley-water.

With general old-school drug treatment we are not concerned, since with such limitation we might well feel appalled at the feebleness of our resources. It is only necessary to say that with the recognition of epidemic diarrhœa as a zymotic disease, the treatment has naturally developed in the direction of antiseptics, and many of these have been tried and are recommended, such as mercuric chloride, carbolic acid, creosote, salicylate and benzoate of sodium, salol, naphthalin, resorcin, β -naphthol, bismuth. Treatment on such lines could not be lightly put aside were it not impossible in this way to thoroughly disinfect the alimentary canal ; and at the very best it is but a crude and clumsy device compared with the truly scientific method of homœopathy, which does not aim solely at clearing away poisonous products already present, but at restoring the mucous membrane to its normal healthy condition, when the cells become self-protective, and no suitable nidus remains for the development of putrefactive processes.

A far more practical and certain method of modern orthodox treatment than the exhibition of antiseptics by the mouth, is enteroclysis, or, in plain English, the washing out of the stomach and large intestine either with plain

water or with some antiseptic or saline solution. By the mechanical removal of putrefactive products as far as possible in this manner, a clear field is left for the untrammelled action of the indicated remedy. The stomach of an infant is simply washed out by means of a No. 7 French elastic catheter, passed through the nose as the child lies on the nurse's lap; *ñiv* are passed into the stomach and allowed to flow out by bending the child forward. This is repeated several times, till the fluid returns quite clear from the stomach. It is especially useful where persistent vomiting prevents the retention of any food or medicine. As a substitute, where there is no vomiting, copious draughts of boiled water may be given, especially in the case of older children. Irrigation of the large intestine is easily accomplished by means of a flexible catheter. The child is placed on the back, the thighs flexed, the buttocks brought to the edge of the bed or table. The catheter should be passed while the water is flowing, or it is apt to double upon itself and fail to penetrate sufficiently far. The vessel containing the fluid should be held about two feet above the patient, and after a small amount of fluid has been allowed to trickle into the gut the reservoir should be gradually raised to the height of three feet. Where there is hyperpyrexia, the injection of cold water acts beneficially in reducing the temperature, but care must be exercised, as the shock is in exact proportion to the coldness of the water, and rapid reduction of the bodily heat may be followed by alarming symptoms of heart failure. It is well, therefore, to begin with water at a temperature of about 80°. Many advocates of this plan of treatment use normal saline solution, which would appear specially indicated considering the impoverished condition of the blood. Of these methods I have myself had no practical experience; nevertheless, there is abundant testimony of their value in the hands of those who have used them.

I am not sure how far your sympathies will go with me when I confess, though I have never tried it, to having some predilection in favour of commencing the treatment with a physiological dose of some cathartic. Surely the first indication is to remove as far as possible the poison in the alimentary canal, just as any other foreign body should be mechanically got rid of, before medicinal treatment can be intelligently commenced. Lavage can

accomplish this as far as the stomach and large intestine are concerned; by cathartics alone can we expect to get at the contents of the small intestine. The drugs usually employed for this purpose are castor oil (where there is no vomiting) and calomel. I have tried similar treatment successfully in ordinary cases of diarrhœa, where there is no doubt that the trouble is due to some pernicious accumulation in the intestine, and it may be defended on the broad principle of *tolle causam*. The argument that will be brought against me is, I know, that such a procedure would interfere with the action of the homœopathic remedy afterwards administered, but I venture to question whether we are not inclined greatly to exaggerate the long-continued effects of drugs. I have often felt that one of our greatest faults as homœopaths in the past has been, that we have gone to the extreme of pinning our faith far too much upon the homœopathic remedy, to the exclusion of equally valuable accessory means, and that the true scientific attitude is that of the eclectic, ready to adopt with broad-minded intelligence the very best from all teaching. If this attitude were more general, I am convinced that it would not be long before homœopathic treatment became practically universal.

Alcoholic stimulants are regarded by most authorities as of the greatest importance. Synott, however, would avoid them as a rule, on the ground that they irritate the already inflamed gastric mucous membrane, and prefers cardiac stimulants by hypodermic injection.

It only remains to say, in this section, that experiments are being carried out in the direction of serum-therapy, the serum used being obtained from adults suffering from acute dysentery, or that of other infants suffering from summer diarrhœa. The specific anti-dysenteric serum used by Shiga has also been experimentally tried.

IV.—HOMŒOPATHIC TREATMENT.

Although practising for the last five and a half years in Leicester, so noted as a diarrhœa town, it is not there that I have had the largest experience in infantile diarrhœa; but while working in Liverpool, particularly at the Roscommon Street Dispensary, I saw a great deal of it. The general treatment we have just considered is doubtless important, but after all it is at best accessory: our sheet-anchor is homœopathy.

Deprived of that resource, gentlemen, I do not think I should dare to face an epidemic of infantile diarrhœa. In the treatment of the cases I now bring before you—cases occurring among the poorest and most ignorant class in Liverpool—accessory aids were for the most part out of the question; refinements of diet were a utopian dream; milk was usually the only available source of nourishment, and not the slightest dependence could be placed upon the mothers for its preparation, nor indeed could they be altogether prevented from carrying out their own ideas in the way of food; lavage of the stomach and intestines was at the time of my notes hardly thought of, and in any case in the rush of dispensary work the details of carrying it out would have been almost impossible; exposure and neglect was only too often the lot of the little sufferers. The treatment was therefore homœopathy, and practically homœopathy alone, and that in the hands of one fully conscious of the limitations of his knowledge therein; yet in 182 recorded cases only 6·6 per cent died; and this percentage, as will be presently shown, is a most rigorous estimate, and if all cases treated were considered, might be reduced to about half.

Two epidemics are tabulated dealing with my own cases at the North Homœopathic Dispensary, Liverpool, in the summers of 1894 and 1897; these were the only two in which, under the difficulties of dispensary work, I was able to get satisfactory records. It is almost impossible to prevail upon the parents to make regular reports, especially when the cases do well and their end is gained. Often a case would be coaxed carefully on to convalescence, and then disappear altogether, leaving the issue in doubt; this is especially disappointing where a seemingly hopeless case has got almost well, but absolute recovery is not reported. There is no doubt most of these cases do get quite well, as I have often found out weeks afterwards quite casually; on the other hand, a few cases of tardy progress are taken elsewhere for treatment (*see Cases Series II, 81 and 91, et alia*). To follow them all up would be an almost impossible undertaking, since sixty or seventy cases of all varieties of disease were a common daily experience for each Medical Officer at the Dispensary, and the time at his disposal was necessarily limited. Not being a Chancellor of the Exchequer, I am at a loss how to present my statistical statement in an interesting

manner; again, I am fully aware that a humourist has described the degrees of aberrations from the truth, not without some show of reason, as lies, — lies, and statistics. So I must do my best in face of these difficulties to briefly summarize the cases.

All cases of diarrhoea under my own care during the stated period were noted, but only cases definitely reported as absolute recoveries, or at least in an advanced stage of convalescence, are allowed to appear in the tables.

In the first epidemic (1894) 56 cases are thus recorded to the end; five deaths occurred, or 8·9 per cent. Three of these deaths appear in the tables; two were transferred from the out-patient department to the visiting book, and so are not registered in the lists you hold, as these deal only with out-patients. Though only 56 cases are fully reported, 131 presented themselves for treatment, and assuming, as may be quite fairly done, that the great majority of these got well, the mortality is reduced to about 4 per cent.

In the second epidemic (1897), by most strenuous efforts on the part of the Medical Officer, the cases were much better reported by the parents. 126 cases were followed to the end; the deaths recorded were seven; six of these appear in the tables, but of the seventh I have a very incomplete record. The percentage works out at 5·5. Two hundred cases, however, presented themselves; so, reckoning all cases treated, the percentage is reduced to 3·5. It may be noted that recurrence, unless occurring a month or two later, are not considered as new cases.

Such are some of the possibilities in the way of juggling with statistics; but look at them as you will, the figures are a brilliant indication of the treatment employed, especially considering the material the Dispensary Office has to work upon, and the very late stage at which, as will be seen from the notes, very many cases are brought. (See Cases Series I, 27, 32, 38, 49, 52; II, 10, 12, 25, 33 *et alia*.)

A discussion of the remedies employed and their indications, would simply amount to a repertory on diarrhoea, and it is far from my intention to attempt anything so ambitious. By far the most helpful book to me has been Bell and Laird's *Homœopathic Therapeutics of Diarrhoea*, in spite of the fact that some of the statements are decidedly inclined in the direction of dogmatism.

Each case must be taken on its own merits, and, as ever in homœopathy, the totality of the symptoms considered so far as this is possible. Whilst engaged on these notes, I have read with pleasure Dr. McLachlan's able lecture on the failure of the indicated remedy under certain conditions. In the treatment of diarrhœa this is a frequent experience, and no success is obtained till some constitutional remedy has been exhibited—in these cases usually calcarea, sometimes sulphur. Call this constitutional taint psora or what you will, the broad theory of Hahnemann remains undisputed.

In the records of my treatment, my shortcomings in knowledge of the *Materia Medica* stand brazenly confessed. In many cases I have had to resort to alternation. Theoretically this is absolutely unscientific; with perfect knowledge I believe the necessity would entirely disappear. Practically, however, it is often impossible to cover all the symptoms with one remedy; take, for instance, Case 17 in Series I, where diarrhœa is complicated with croupy symptoms. My defence is that alternation does succeed in practice, and personally I dare not dispense with it. But the more I see of homœopathy the more I become convinced that it is not very far from being an exact science; only our own limitations in knowledge stand in the way of perfection.

I will conclude with a few practical clinical points in regard to the selection of the remedy.

Æthusa cynapium is a medicine that has a better clinical reputation than is justified, according to several authorities, by its provings, much scepticism being expressed as to the reliability of these. The editors of the *Cyclopædia of Drug Pathogenesis* add a note that it is exceedingly doubtful if *æthusa* has any virulent properties. Nevertheless, Guernsey speaks most highly of it, and its value is endorsed by Bell. I have often used it for sudden, curdy vomiting immediately after feeding, followed by great collapse. It proved of use at least for the vomiting in Case 40, Series I, and in Series II in Cases 94, 99, and 114, but failed in Series I, Case 46.

Arsen. alb. is one of the most valuable of all remedies. The characteristic stool in infantile diarrhœa is small in quantity, of dark colour, and offensive odour, and is accompanied by great prostration. I need hardly refer to the vomiting immediately after ingestion, and the constant thirst for small quantities.

Calcareæ carb. is of vast importance. It would be superfluous to epitomize the well-known indications. Illustrations among the cases are too numerous to be specially noted. Its value in the present series is probably because the number of strumous children attending at the Dispensary is always large. *Calc. phos.* is sometimes to be preferred; its characteristic stool is noisy and spluttering, with the emission of much flatus.

Chamomilla is a very frequently indicated remedy. In his remarks on this drug, Hughes notes that the crude and infinitesimal action seem about identical; in the intermediate stages dilution seems merely to weaken. I have usually employed the ϕ tincture; where this fails and I nevertheless feel certain *cham.* is indicated, I have often been successful with the 12th centesimal; or, when the ϕ tincture has seemed only partially successful, the 12th centesimal has completed the cure. (See Cases Series II, 8, 41, 48.) The great characteristic of *cham.* is over-sensitiveness.

China is the most important remedy where there are lenteric, painless stools, especially when passing immediately after a meal. *Ferr. met.*, and *arsenicum*, have also an undigested stool coming on after eating, but are easily differentiated by concomitant symptoms.

Croton tig. is often required, as is seen by its constant recurrence in the notes. The stool is gushing, but *thuja*, *gratiola*, *elaterium*, *podoph.*, and *jatropha curcas* share this characteristic, and are worth differentiating.

Croton Tig.: Yellow, watery stool; sudden expulsion; aggravated by food and drink.

Thuja has a similar stool, but it is ejected with more gurgling, and there is a similar gurgling on drinking. Rapid emaciation is very characteristic, and it is more suitable in chronic cases.

Gratiola has more nausea, and no particular aggravation after food.

Elaterium likewise has no aggravation after food. In Case 104, Series II, it seemed to remove the diarrhœa without curing the patient. This experience is not uncommon in homœopathy; a symptom is removed, but other medicines are required to complete the cure.

Podoph. has much the same stool, but often with absence of pain. The accompaniments, *i.e.*, rolling of the head and whining and moaning during sleep, help much

in its selection. There is a great tendency to prolapsus ani.

Jatropa curcas is a medicine I have lately found of the greatest help, though I think it does not appear in any of the illustrations. The gushing stool is associated with great prostration, cramps, and coldness, also flatulence. Watery, albuminous vomiting is a strong indication.

Leptandra has a very characteristic stool—black, tar-like, foetid. (Series II, Cases 28, 67.)

Merc. sol. and *merc. corr.* are amongst the most frequently indicated medicines. *Merc. sol.* is especially characterized by great straining, sometimes with blood. *Merc. corr.* has its greatest reputé in dysenteric stools; if there is in addition tenesmus of the bladder, a brilliant result may be looked for. *Mercurius* is perhaps not always sufficiently carefully differentiated, but surely Bell exaggerates a little in his statement as to the great difficulty in rectifying the mistake when it has been carelessly prescribed.

Magnes. carb. I have found very useful where there are green stools ("green like the scum of a frog-pond"), with a sour smell. (See Series II, Cases 2, 5, 76, 106.) *Ipecac.* has a stool "as green as grass," but the great characteristic of *ipecac.* is a persistent nausea, which is even expressed in the facies; this associated with a clean tongue is conclusive for this remedy. Many other medicines have a green stool, but one of the first I think of in such cases is *magnes. carb.*

Podoph. is the great medicine in painless stools, but without careful differentiation it often disappoints. I had no good results with it myself until I used the 3rd centesimal, since which time it has been of magnificent service. Lower dilutions have generally proved inefficient in my hands, except in cases of prolapsus, when I always use the ϕ tincture.

Verat. alb. is an indispensable medicine, but is seldom indicated unless pain is a marked feature. The stool is profuse, with forcible evacuation, and is followed by great prostration. *Jatropa* is a close analogue.

(N.B.—Dr. Capper distributed to the Congress the series of elaborately tabulated cases referred to in his paper, but as this amounts to a book, it is impossible to reproduce it in our pages. If he publishes his paper in a separate form he will, no doubt, append his careful tables.—EDS. M.H.R.)

HIGH-FREQUENCY TREATMENT.

By JAS. SEARSON, M.D.

Assistant Physician to the London Homœopathic Hospital.

ELECTRO-THERAPY as an adjunct to medical treatment having been but comparatively recently introduced into this country, is necessarily still in its infancy, and therefore any experiences which may contribute to a better knowledge of the results to be obtained from its use will, I think, prove of interest to general medical readers.

In America electro-therapy is much more largely made use of than it is in England. In that country static machines on the lines of the Wimshurst are used, and during my recent visit to that country I was able to see a great deal of the excellent results which were obtained in all departments of electro-therapy in New York, Chicago, and other large cities.

In England the high-frequency current is more in use, and having observed some very interesting results following its application, I feel I should like to place them on record as a modest contribution to a wider knowledge in this interesting department of therapeutics. In cases of neurasthenia, the action of the high-frequency current is prompt and remarkable; patients appear to pick up readily, and anæmic patients seem, after two or three treatments, to gain a better colour, they sleep better, constipation is relieved, and the vague pains that one so often finds in these cases are quickly soothed.

In the cases one meets under the general heading of rheumatoid arthritis, better results are, in my experience, to be obtained from the application of high-frequency than from any other treatment with which I am acquainted. I have at the present time three cases under treatment where the improvement has been almost magical. In one case, in which the hands were deformed, stiff, and painful with tophi, on account of which the patient was unable to make any attempt to close the hands, after five treatments the alteration in the patient's general appearance and local condition was both gratifying and remarkable. The swellings have decreased in size, the hands have become much straighter, and the patient can now close the hands easily and entirely. The other two cases also showed tophi, less pronounced however than in the preceding case, but in these also the deposits have

decreased obviously in size, and the patient's general condition has been much improved.

The method I have invariably adopted in the application of the high-frequency has been that described as auto-condensation. The patient sits or lies recumbent upon a couch, to the under part of which metal plates are attached. These plates are connected with the apparatus ; the patient simply holds in one hand an electrode, also connected. Electrification is general, and can be demonstrated to the patient's satisfaction. The method is so gentle that the patients themselves are hardly conscious of any electrical effect. In neurasthenic cases one uses in addition the *effluve* to the spine. The effect is soothing and stimulating, and in cases of neuritis, sciatica, lumbago, etc., sparking applications invariably relieve pain at the time, and ultimately expedite the cure.

In a case recently sent to me by a colleague, of general weakness with cardiac dilatation, the patient, after three weeks' treatment, was dismissed cured, the apex being restored to its normal site, the area of cardiac dulness normal, and the symptoms of weakness, dyspnoea, pallor etc., quite gone. I am also at present treating a large sebaceous cyst on the face by exposure to the X-rays ; the tumour has already, after three applications, markedly decreased in size.

I feel confident that in this field of medical work there is a great future, and, if used in conjunction with the carefully-selected homœopathic remedies, the results obtained will, I feel sure, be highly gratifying.

MEETINGS.

BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Meeting of the British Homœopathic Congress was held at the London Homœopathic Hospital, Great Ormond Street, W.C., by kind permission of the Board of Management of the Hospital, on Friday, July 1st, at ten o'clock, under the Presidency of Dr. George Burford. There were present :—The President (Dr. Burford), Dr. Goldsbrough (vice-president), Dr. Dyce Brown (hon. secretary), Dr. Madden (hon. treasurer), Mr. Knox Shaw (hon. local secretary), Drs. Johnstone, Byres Moir, E. A. Neatby, and Mr. Dudley Wright

(members of Council); Dr F. H. Bodman (Bristol), Mr. Frank Shaw (St. Leonard's), Dr. Dudgeon (London), Dr. Grace Tunbridge Wells), Dr. Ord (Bournemouth), Dr. H. E. Deane (London), Dr. Washington Epps (London), Dr. Chapman (Margate), Dr. Cash (Torquay), Dr. A. C. Clifton (Northampton), Dr. George Clifton (Leicester), Dr. Blackley (London), Dr. Vincent Green (Wimbledon), Dr. W. Roche (Clapton), Dr. Cash Reed (Liverpool), Dr. Alexander (Southsea), Dr. Percy Wilde (Bath), Dr. J. W. Hayward (Liverpool), Dr. Edmund Capper (Leicester), Dr. Tindall (Exeter), Dr. Hayle (Rochdale), Dr. Newbery (Plymouth), Dr. Pincott (Tunbridge Wells), Dr. E. J. Hawkes (Ramsgate), Dr. Gilbert (Reigate), Dr. Clifton Harris (Brighton), Dr. J. H. Clarke (London), Dr. Purdom (Croydon), Dr. Wilkinson (Windsor), Dr. Warren (London), Dr. Margaret Tyler (London), Dr. Watkins (London), Dr. Roberson Day (London), Dr. MacNish (London), Dr. Beale (London), Dr. Stonham (London), Dr. Wynne Thomas (Bromley), Dr. Searson (London), Dr. A. E. Hawkes (Liverpool), Dr. Theodore Green (Liverpool), Dr. Christopher Wolston (retired), Dr. Murray (Folkestone), and Dr. Erbe (from Berlin). A number of visitors, ladies and gentlemen, were also present to hear the Presidential Address.

Dr. Dyce Brown said they had telegraphed as a Congress to America, where the American Institute of Homœopathy was meeting a few days ago, offering congratulations and sincere good wishes, and they had received this reply:—"Institute of Homœopathy deeply appreciate fraternal kindness and courtesy of British Homœopathic Congress, and heartily reciprocates good wishes.—SUTHERLAND, President." That morning he had received a telephonic message from Dr. Burwood, regretting that he was not able to attend; and letters of regret had been received from Sir Robert Hunter, Capt. Cundy, Dr. Ramsbotham (of Harrogate), Dr. Pope (who wrote a very kind letter, regretting that the state of his health unfortunately prevented him coming to the Congress), Dr. Pritchard (of Dewsbury), Dr. Duke (Brighton), Dr. Nicholson (Bristol), Dr. Douglas Moir (Manchester), Dr. Mason (Leicester), Dr. McLachlan (Oxford), Dr. Murray Moore (Liverpool), and Dr. Storrar (of Belfast), who wired as follows:—"Dr. Storrar, from Ulster outpost, sends hearty greetings to Congress."

The President was very warmly received on rising to give his Presidential address, the first part of which appears in our columns.

Dr. Byres Moir: It is with much pleasure that I rise to move that a very hearty vote of thanks be given to our

President. We have just listened to an address which has seldom been equalled, from whichever point of view we look at it. From the scientific side he has brought forward many new facts to confirm our position, and from the logical point of view I have never heard such strong facts adduced. With regard to his remarks on radio-activity, new light has been thrown on our position. We could not have had more definite teaching of our strong scientific position. As our President says, "Nothing is done without enthusiasm." I am sure he has given us a good example, and to those who know what he has done for the Hospital, and outside, during the year, it is most marvellous how he has found time to put this paper together. We have not had time to grasp but a small part of it, but the address will well repay us in the reading of it, and I am sure you will all join with me in giving a hearty vote of thanks to our President for the excellent address he has given us. (Applause).

Dr. Neatby: It falls to my happy lot to second the proposal which Dr. Moir has brought forward. It is a wise arrangement at our Congress that no discussion follows on the Presidential address. What is called for at such a time is not criticism, surely, nor even comment, but careful and mature thought. We have had much food for thought in the address brought before us. The President has pointed out that objects exposed to the influence of radium become themselves radio-active, and retain this quality to some extent for almost indefinite periods. The "emanations" from the address and the personality of Dr. Burford will similarly affect his audience, and we shall go from this room with new strength and enthusiasm. We shall owe much to the careful thought and the wonderful energy of Dr. Burford. I am sure you will all heartily join with me in seconding the vote of thanks, and that you will carry the resolution with loud and long acclamation. (Applause).

The President: I have to thank you all for the very kind reception of what I have put before you this morning, and I can only hope that your capacity for endurance has been a little more considerable than mine. We now bring this part of the proceedings to a conclusion, and I would invite those who have not been to the gentlemen at the receipt of custom to come here and now.

A short interval followed, and was occupied by the Treasurer receiving the members' subscriptions.

Dr. Byres Moir then read his paper on "Pneumonia in Children up to the Age of Five, and the Results of Cases Treated in the Hospital." The paper was received with much applause, and it will appear in our next issue.

The President: Before the discussion on Dr. Moir's paper is opened, may I crave your indulgence for a personal statement. Perhaps some of you may be reflective at the somewhat mediæval garb in which I find myself to-day. After some consideration and conference with some of my colleagues, whose opinion I greatly value, I came to the conclusion that there was no reason why we, as homœopaths, should voluntarily deprive ourselves of those outward and visible signs of academic distinctions which we have the title to wear. When I go to the Law Courts and see the Barrister not ashamed to don his robes, and again when I go to church I see my clergyman with his doctor's gown, I fail to see why we as homœopaths should rule ourselves out of shewing such legitimate indications of professional status. I hope that in the future the Congress will see its way clear to provide its President with academical robes, as some other societies do, and I think that both in town and in the provinces it will serve to give some of our meetings an additional note of academic distinction. (Applause).

(The discussion on Dr. Moir's paper was then taken up, but it will read best after the publication of his paper. We therefore reserve it till then.—Eds. *M.H.R.*)

The President: A more conspicuous instance of what was alluded to earlier in the morning, that of homœopathizing the profession, could scarcely be produced, and it requires all the casuistry available to explain away such a coincidence. However, that is a matter we will leave to Dr. Goodhart to deal with. At this juncture we are due at what is known politically as "another place," and although Dr. Byres Moir has provided us with some excellent food for the mind, yet if I know anything of the human passions, another part of the organism is now more insistent in its demands. (Laughter).

At one o'clock the Congress adjourned to the Holborn Restaurant for lunch, the Medical and Surgical Staff of the London Homœopathic Hospital, of which Mr. Dudley Wright is Chairman, having invited the members to be their guests on that occasion. A dainty repast was placed on the tables, and all were ready to enjoy it.

At its conclusion, Mr. Frank Shaw rose and said: I have a very pleasurable task to perform, namely:—to propose a very hearty vote of thanks to our hosts, the medical staff of the London Homœopathic Hospital. I am afraid we, your country cousins, are rather spoilt children of good fortune. We come up to town, and are accustomed to endless hospitality and generous treatment. We sun ourselves in your intellectual brilliancy, and we return home with at least our brains

somewhat overfed, and I am sorry to say our "Little Mary's" somewhat in the same form. (Laughter.) If we go back more than ever convinced that the principles we have adopted are right, we shall be perhaps tempted to sigh for the good old days of the blue pill and the black draught. (Laughter.) I am sure that on an occasion like this you do not wish to be kept from the further treats in store for us, and with these very brief words, none the less hearty because brief, I propose this vote of thanks to our kind hosts. (Applause.)

Dr. Hawkes (Ramsgate): I have very great pleasure in seconding that vote of thanks, and although my eloquence may not be of the same brilliancy as that of the gentleman who proposed it, my feeling is none the less that of deep gratitude to our hosts for their very kind hospitality to-day. I second the vote in the heartiest possible manner, and couple with it the name of Mr. Dudley Wright, the Chairman.

Mr. Dudley Wright, who prefaced his remarks with an expression of regret that the Ladies had not joined them at luncheon, said: On behalf of my colleagues and myself I would like to thank you for the kind toast you have drunk. I am sure it has given us all great pleasure to see you here to-day and to welcome you at this small repast. I think this is the first occasion on which the staff at the Hospital as a body has invited the Congress, or has had the honour of having you at luncheon. In the past we have done rather a shabby thing, we have left it to the Society to invite the Congress. As we are nearly all members of the Society, we have had the pleasure of inviting our colleagues, but each one has had to pay for himself (Laughter). This year we thought we would do things differently, and seeing that for many Congresses past, when we have met in the country, one or more of our colleagues in the town where we have met, have been good enough to invite us to luncheon, we thought it only right to return the compliment, and that is the reason why you have come here to-day by our invitation. I can only say we are very pleased to see you, and I hope we may have many opportunities of repeating the invitation and of having you here in the future. (Applause.)

The Members of Congress then returned to the Hospital, at two o'clock, to resume the business of the day, when Dr. Roberson Day read his paper on "Intra-abdominal Phthisis in Children, and its Homœopathic treatment;" illustrated by lantern slides. The President (Dr. Burford) then left the Chair, which was taken by Dr. Goldsbrough, the Vice-President. Dr. Day's paper was received with much applause, and it will be published in our next issue.

At its conclusion Dr. Goldsbrough (V.P.) in the Chair, commented on Dr. Day's able presentation of the subject, but, at Dr. Dyce Brown's suggestion, he said he would, owing to lack of time, take Dr. Edmund Capper's paper before discussing Dr. Day's paper, the discussion on both could then be taken after it was read.

Dr. Edmund Capper then read his paper on "Epidemic Diarrhœa and its Homœopathic Treatment" which appears in our columns, and which was received with hearty applause. At its conclusion at 4.30 p.m. Dr. Goldsbrough from the Chair said, that he regretted that as the time was so far advanced, the Congress must reluctantly forego altogether the discussion on Dr. Roberson Day's and Dr. Capper's papers, but he said, I should like, on behalf of the Congress, and I think you will endorse my remarks, to express the thanks of the Congress to Dr. Capper and also to Dr. Roberson Day, for their very able papers on the subjects named. I am sure it is quite refreshing to have Dr. Capper's paper—so different from those we generally get at the Congress, giving us his experiences as he has done.

The Congress then adjourned to the Dining Room of the Hospital for afternoon Tea, which had been generously provided by the Board of Management of the Hospital. Only a very short time was occupied with this refreshment, and the members again met at 4.50 o'clock in the Board Room to transact the purely business part of the Congress meeting.

Dr. Goldsbrough (Vice-President) presided.

The minutes of the previous Congress were read by the Hon. Secretary and confirmed.

The Vice-President: My duty is now to ask you to consider the place of meeting next year.

Mr. F. Shaw: I should like to propose that next year we meet at St. Leonard's. My colleagues and myself will be delighted to meet the Congress there,—I think it has never been held in our district. I need hardly say that St. Leonard's is a health resort—(Applause)—if you think that is too strong, I will say it is the finest health resort not only on the South coast but in all England—(Oh! Oh!)—and I am quite sure it will be a great advantage to hold the meeting there.

Dr. A. Clifton: I second it. I am sure the Homœopaths there are jolly good fellows, as well as it being a jolly good place.

Dr. Hawkes: I should like to support it—with a strong protest of course against the remarks about the health resort; for I come from Ramsgate. (Laughter).

Dr. Neatby further supported the proposition.

Dr. Hayward: Having been so far south as London this

year, and at Oxford last year, I think we ought next year to go into the Midlands or up North. Of course we could not expect the Southerners, the London men especially, would come very far north, but we have places in the north, and we do not need to go to the south coast always. I propose that Cambridge be the next place of meeting. It has attractions similar to the place we visited last year, and I think it will do us all good to visit Cambridge.

Dr. Dyce Brown seconded. I think, he said, we all enjoyed Oxford very much last year, and Cambridge has similar attractions and will be equally enjoyable. The only thing we have to consider is that Cambridge has only one representative of Homœopathy, and I do not know whether he could undertake the whole of the duties connected with the meetings. As Secretary I ought to have read this letter from Dr. Ramsbotham of Harrogate, suggesting that Harrogate be the next meeting place.

The Vice-President: Has anyone any other place to suggest?

Dr. Green: I know you won't go there—(Laughter)—but I should like to remind you that Chester is one of the most ancient and historic places in the whole kingdom. It is easy to get there from different parts of the country, and St. Leonard's is not. Though we have only one man at Chester, it is not far from Liverpool, and we could undertake some of the work from that centre. It would be quite a new place to the Congress, as we have never met there.

Dr. Blackley seconded Chester.

Tunbridge Wells was also suggested by Dr. Pincott, as being "the health resort of England."

Dr. Thomas seconded Tunbridge Wells.

Mr. Knox Shaw supported St. Leonard's. It was a place he was connected with for a long time, and he thought Homœopathy was fairly strong there, and it would do good to the town and to the practitioners if the Congress were to meet there. St. Leonard's had better claims than all the other places mentioned. There was a very good Hospital and a Dispensary, and from what he knew of his late colleagues he felt sure the Congress would have a warm welcome.

Dr. Dyce Brown said he was willing that Cambridge be withdrawn if Dr. Hayward was.

The matter was then put to the vote, and St. Leonard's was selected by 14 votes to 8.

The question of the date of meeting was next gone into.

The Vice-President suggested that it should be September or July.

Dr. Clifton thought if they went to St. Leonard's they had better choose the later end of the year. If they went in June or July they would all be roasted. (Laughter.)

Dr. Dyce Brown proposed the third week in September.

Mr. F. Shaw : I think that time will suit us, but you won't be roasted at any time ; we have a beautiful sea breeze.

Dr. Neathy suggested September 22nd.

Dr. Geo. Clifton pointed out that if the meeting was on Friday, they would have to leave on Thursday night. If they could leave on Friday, and stay over Saturday, it would be much better.

Dr. Dyce Brown : I have been told time after time that Thursday is the most convenient day for our provincial colleagues to get away.

Dr. Clifton : I think if we could have a meeting on Friday evening and finish at two or three o'clock on Saturday, it would be much better.

Dr. Blackley said those who were not acquainted with the beauty of the neighbourhood of St. Leonard's could make its acquaintance.

The question of the day was put to the vote, and nineteen voted for Friday, none against.

The Vice-President : Then I must declare that Friday has it, September 23rd.

The next business was the election of a President, which was done by ballot.

Dr. Dyce Brown, who collected the ballot papers, said : In place of the Vice-President making a statement, I have the pleasure of announcing that Dr. Goldsbrough has been elected President, by a large majority. (Applause.)

Dr. Goldsbrough : You have done me a great honour ; indeed, the highest honour the Homœopaths of Great Britain can do to one of the members of our profession. It is a very difficult post to fill, especially after what has happened to-day, when we heard the illustrious and eloquent address from Dr. Burford. It leaves future presidents very little scope to exercise their faculties upon. But fortunately, the delivery of an address is not everything a President has to do, and I hope to do the best I can to make the meetings at St. Leonard's a success so far as it lies in the power of the President to do so, both from the Homœopathic and the social standpoint.

The next business was the election of Vice-President, which was also by ballot.

The President : I have the pleasure to announce that by a large majority, Mr. Frank Shaw has been elected. I must now ask you to elect a local Secretary.

Mr. Knox Shaw : I suggest that Dr. Clowes Pritchard be asked. Dr. Dudley Wright seconded.

Dr. A. Clifton moved that there be two local Secretaries appointed, and suggested that the second be Dr. Percy Capper.

Dr. Dyce Brown protested that there was no need for two local Secretaries.

Dr. Vincent Green seconded, and while he did not quite know what were the duties, he thought as many as possible should be associated with the arrangements.

The proposition was carried.

The next business was the election of the Honorary Secretary.

The President: May I, from the chair, propose that Dr. Dyce Brown be re-elected Honorary Secretary. This was carried with loud acclamation.

Dr. Dyce Brown: I thank you very much. I shall be delighted to do all I can for the success of the next meeting.

The President: May I also, from the chair, propose that Dr. Madden be again elected as our Treasurer. This also was carried by acclamation.

The President: In addition to these officers, I have to ask you to elect your members of Council.

Dr. Dyce Brown proposed the election *en bloc* of the retiring members. Dr. Epps seconded.

Dr. Green: I beg to propose that we make a slight alteration. I think there are others of the same opinion as myself. I move that Mr. Dudley Wright, Dr. Searson, Dr. Moir and Dr. Epps be chosen.

Dr. ——— seconded the amendment. I think it is advisable on all these occasions to change the *personnel* of the Council.

The President: If there is any considerable difference of opinion, I think it desirable to have a ballot.

Ballot papers were then handed round, and the result was announced as follows: Mr. Dudley Wright, Dr. Epps, Dr. Searson and Dr. Neatby for the Council.

The President: There is no other business. I am expected to fulfil my promise to ask you if you wish to discuss the papers of Drs. Day and Capper.

Dr. Theodore Green (Birkenhead) I should say that I personally express the opinion of the Congress that they were as valuable papers as we are likely to listen to. We require such papers, and we shall often think of them with pleasure. I am sorry that the third paper had so little time, for we had not time to appreciate it as we should have liked. (Applause.)

Dr. Hayward: It is the length of the papers which prevents the discussion, Mr. President.

The proceedings closed with a vote of thanks to the President.

[We regret that owing to want of space the Report of the Dinner must be deferred till our September issue.—EDS. *M.H.R.*]

BRITISH HOMŒOPATHIC SOCIETY.

THE Tenth Meeting and first day of the Annual Assembly of the Session 1903-1904 of the British Homœopathic Society was held at the London Homœopathic Hospital on Wednesday, June 29th, 1904. Dr. James Johnstone, Vice-President, in the Chair.

The following Specimens were exhibited by Dr. Edwin A. Neatby:—(1). Sarcoma of Clitoris, and Microscopic Section of the same. (2). Uterine Myoma removed for Pressure Symptoms, with recovery.

Under the auspices of the Section of Surgery and Gynæcology, papers were read on "Dysmenorrhœa," with a view to a discussion of the subject. Dr. William Roche contributed the first, entitled, "The Medicinal Treatment of Painful Menstruation." Dr. Roche dwelt upon the extreme importance of attention to the hygiene of menstruation during the earlier years of menstrual life. The chief indication for medicinal treatment consists in the relation of pain to the flow, especially whether there is impeded discharge or excessive discharge. Also the conditions of the abdominal viscera, otherwise than the reproductive system, are important, and the constitutional state of the patient. Iron, arsenic, mineral waters, electricity, massage, baths, douches, rest, all have their use. Among homœopathic remedies, not mere palliatives, Dr. Roche named Aconite, Pulsatilla, Sabina, Secale, Sepia, Collinsonia, Gelsemium, Caulophyllum, Hamamelis, Actæa, Xanthoxylum, etc., of which he gave the main indications.

Dr. W. Clowes Pritchard followed with a paper entitled, "The Operative and Mechanical Treatment of Dysmenorrhœa." Dr. Pritchard divided cases of Dysmenorrhœa into three groups—(1) Cases where, after a careful examination, no definite lesion can be found to exist either in the uterus or its appendages, or where there is no gross abnormality in the process of menstruation; (2) Where there is distinct abnormality on examination; (3) Where there is abnormality in the process of menstruation itself. And he dealt with the surgical treatment appropriate to each group. The main interest centred, perhaps, round group 3, the so-called membranous dysmenorrhœa, which is at least the most stubborn in treatment. Surgical treatment includes curretting, division of the cervix, and removal of the appendages.

Dr. Sandberg opened the discussion from the medical side. He had been rather disappointed in Caulophyllum. He thought most highly of Gelsemium in the mother tincture, given in hot water in neuralgic cases. Actæa, Arnica, Lachesis, and Apis served him best in ordinary cases.

Dr. Wynne Thomas spoke from the surgical side. He

thought too much had been made of arrested development of the uterus. The cause of the pain in all cases should be very carefully considered before operation was decided on. In the cases calling for dilatation, if inflammation outside the uterus were present, it would be better to open the abdomen, and treat the case from that side.

Dr. Johnstone suggested caution in the attribution of causes, as the same cause was not always a cause. He thought toxines were very often present in the uterus, which came in direct contact with the muscular fibres at the menstrual period.

Dr. Dyce Brown drew attention to some weak points in the arguments for surgical treatment. He remarked on the significance of clots, which were abnormal in menstruation. Rectification of the general health was of the most importance, especially by medicines during the interval, and this plan of treatment gave most success.

Drs. Madden, Newbery, Goldsbrough, Ord, and Neatby continued the discussion. Dr. Neatby suggested remedies according to a classification based on the amount of discharge. He thought medicinal treatment should have a long trial first. Treatment in the interval was of the highest importance.

Dr. Roche replied.

The Second Meeting of the Annual Assembly was held on Thursday, June 30th, at the London Homœopathic Hospital, at 3 p.m., Dr. James Johnstone, Vice-President, in the chair.

In commemoration of the sixtieth anniversary of the foundation of the Society, the following distinguished American and Foreign representatives of Homœopathy were elected corresponding members of the Society :—Dr. Ghose, Calcutta ; Dr. Klauber, Vienna ; Dr. Schepens, père, Ghent ; Dr. Seutin, Brussels ; Dr. Tessier, Paris ; Dr. Voorhoeve, The Hague ; Professor Lombroso, Turin ; Dr. Olive, Barcelona ; Dr. Batault, Geneva ; Professor Soares de Meirelles, Rio de Janeiro ; Dr. Sutherland, Boston ; Dr. Bartlett, Philadelphia ; Dr. Conrad Wesselhoeft, Boston ; Dr. Arndt, San Francisco ; Dr. Allen, Chicago ; Dr. W. H. King, New York ; Dr. Kent, Chicago ; Dr. Copeland, Ann Arbor ; Dr. Shears, Chicago ; Dr. G. R. Roberts, New York ; Dr. Gatchell, Chicago.

The Report of the Council, and Balance Sheet for the concluding Session, were read and adopted.

The Indexing Committee presented a Report.

The following officers of the Society were elected for the Session 1904-1905 :—*President* : Dr. James Johnstone ; *Vice-Presidents* : Dr. A. E. Hawkes (Liverpool) and Dr. Speirs Alexander. *Treasurer* : Dr. Blackley.

In addition to the above, with the ex-President (*ex-officio*), the following Fellows and Members were elected to form the Council :—*Fellows* : Drs. Burford, MacNish, Byres Moir, and Neathy. *Members* : Drs. Searson and Watkins.

This brought the business of the Session 1903-1904 to a close, and the meetings of the Society will be resumed on the first Thursday evening in October.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

The House Committee of the Hospital have ordered that the wards and out-patient department of the Hospital shall be closed from the 1st to the 31st of August, while the old boiler is being replaced by a larger one.

BRITISH HOMŒOPATHIC CONGRESS.

As the absence of any notice of the Congress meeting in any of the London newspapers has been widely animadverted on, and as human nature usually adopts the most charitable explanation of such an omission, the management of the Council, or of the informal Committee appointed by it to manage the final details, has got the blame. The Hon. Secretary, therefore, requests us to state that the fault is not with the management of this Committee. They (Dr. Burford, Mr. Knox Shaw, and Dr. Dyce Brown), met on the previous Monday, and resolved to put the reporting arrangements in the hands of the Press Association, who had on a previous occasion made all the necessary arrangements, and did it well. Mr. Knox Shaw said the manager of the Press Association undertook to do the reporting, and the insertion of the report in the leading daily papers. No reporters appeared, and consequently the papers got no report. There was, of course, a reporter specially representing the *Review*, as usual, but, as he was not a London man, he had no means of communicating with the London press. The Hon. Secretary, on enquiring at the Press Association office as to the cause of the non-fulfilment of the undertaking, was simply told that they much regretted the omission, and sincerely apologised for it. The Committee of Council is, therefore, free from blame for what is a most regrettable circumstance. They will take extra care that such does not occur again, on the occasion of the next Congress meeting being held in London.

THE FIRST APIS CURE.

"In 1847 Dr. Marcy had a lad, 12 years old, troubled with ascites and hydrothorax for several months. Old school treatment, tapping, and homœopathic remedies, failed. The secretion of urine was nearly suspended; skin dry, hot, pulse weak and rapid, respiration short, difficult, dry mouth and throat, restless, anxious, sleepless, with short irritating cough. At this stage a strolling Indian woman, one of the few survivors of the Narragansett tribe, suggested to the family the use of a honey bee night and morning. She enclosed the bees in a covered tin pail, placed them into a heated oven, then powdered them and administered one in syrup night and morning. After twenty-four hours skin less hot, respiration easier, pulse slower, urine increased. Dropsy diminished daily, and patient cured in a few weeks. This is the first cure by *Apis* ever recorded."—Dr. Wm. Boericke in *Medical Century*.

AVENA SATIVA.

A CONTRIBUTOR to the *Medical Summary* has the following to say of *Avena sativa*: "It is a sovereign remedy in impotency." One writer in speaking of the drug says it has given him better satisfaction in the impotence of young, newly married men, than any other remedy or combination of remedies. In the treatment of morphine habit it is a remedy of great usefulness. In regard to this, an eminent homœopathist says: "If no more than four grains have been taken daily, the opiates may be abruptly discontinued and the avena substituted. If more than this amount has been taken, withdraw gradually, but you need not increase the amount of avena taken. When the amount of morphine has reached four grains daily, stop it at once, and give the avena in fifteen-drop doses four times daily, in a wine-glassful of hot water. At the end of a week the patient will find life quite bearable. No drug habit is formed by its use."—*Homœopathic Recorder*, Feb.

STAPHYSAGRIA IN TREATMENT OF MEIBOMIAN CYSTS.

DR. DAVID A. STRICKLER, in *Progress*, remarks that staphysagria is the only remedy in which he has any faith in the treatment of a chalazion or a Meibomian cyst. He has seen several of these disappear while the patient was taking this remedy. It may be tried when the patient declines the trifling necessary operation. He also believes that this remedy has a definite prophylactic power.—*The Hahnemannian Monthly*, March.

DIETETIC PREPARATIONS, &c.

PERRIER.

Messrs. Findlater, Mackie, Todd & Co., 22, Henrietta Street, Cavendish Square, W., have sent us samples of this new table water. There are several delicious table waters in the market, and a new one has to go through a rather serious ordeal of comparison with these. But we have no hesitation in saying that Perrier is, perhaps, the most perfect table water we have tasted, and we do not wonder that it has been named the "Champagne of Table Waters." It is largely impregnated with natural carbonic acid, which gives to the palate a refreshing and delicious sparkling "nip," and in this no table water that we have drunk equals it. It is absolutely perfect in organic purity, while its very light mineralization makes it safe for table use, as it is in no sense medicinal. One effect, however, in common with several well-known feebly mineralized waters, it possesses, namely, the power of stimulating the action of the kidneys. This makes it doubly valuable as an ordinary table water for those of a gouty habit. Dr. H. Wilson Hake, in his analysis of it, says:—"The salts present consist almost entirely of bicarbonate and a very small amount of sulphate of lime; the remainder consist of chloride, nitrate, and sulphate of sodium, which, taken together, amount to little more than half a gramme in ten litres, and a trace of silica, invariably present in natural waters. The lime salts render it very palatable, its agreeableness in this respect being greatly increased by the faintly acid flavour of the pure natural carbonic acid which it contains, and which is free from any other gas whatsoever." This feeble mineralization makes Perrier, as we have said, a perfectly safe water for daily table use. The water comes from a spring in France, about nine miles from Nismes, and it was well known to the Romans, remains of Roman origin having been found largely at the spring, and in the neighbourhood. To all who drink natural table waters in preference to ordinary water, and who have not tasted Perrier, get it, we say, and you will never ask for any other water in preference. It is sure to have a very extensive sale, and the more it is known the more will it be in demand.

EAU DE SALET.

We have received samples of this natural water from Messrs. Gallais and Co., 90, Piccadilly. It is obtained from the Vichy district, and is very similar in its mineralization to the springs of Vichy, but it differs from them in containing an appreciable quantity of iron. It might, therefore, be preferred to Vichy water, where it is desired to combine a gentle ferruginous

element with it. On the label we are told that it is "exquise" as a table water, but its distinctly ferruginous taste will, we should think, militate much against such a use of it.

SOUTH AUSTRALIAN WINE—"ORION" BRAND.

We have received from Messrs. Blandy Brothers, of 16, Mark Lane, four samples of the "Orion" brand wines from South Australia. Australian wines have been long on the market, are well-known to be of an excellent quality and body, and are drunk in this country to a very considerable extent. Those from South Australia are, however, not so well known as those from other parts of the Commonwealth. An important feature in these "Orion" brand wines is that they are certified by "Government certificate," and stamped as such, as being pure and unadulterated. This is a great thing to be sure of. We have found these wines excellent. The "Riesling" is a white wine, free from acidity, of most agreeable flavour and bouquet, and with considerable body. At the moderate price of 22s. per dozen, it will bear comparison with many of the well-known brands of Rhine or Moselle wine, of a much higher price. As a light, wholesome, dry, dinner wine, it is much to be commended. The "Orion Claret," at the same price, is a first-class wine, of delicate flavour, fragrant bouquet, and of sound body. Of course, a fine French claret cannot be excelled by the wines of any other country, but this claret is superior to many French wines at higher price, while it is not excelled by those of Spain, Italy, or Greece. We can confidently recommend it as a sound and delicious beverage. The "Orion Burgundy," at 19s., and the "Orion Ruby," at 23s., are full-bodied and wholesome wines, and when a good, sound, red wine is required for patients, the "Ruby" will be found to be much liked and valuable. In fact, of these four wines we cannot speak too highly, and with them as samples of what South Australia can produce, they ought to take a high place in the estimation of the medical profession and the public. In using such wines, and bringing them into notice, we not only benefit ourselves, but we help to develop a very important and growing industry in the Colony.

MILO.

We are informed by the proprietors of "Nestle's Milk Food" that, in order to prevent confusion between this excellent milk food and their "Condensed Milk," they have changed the name of the former to "Milo." This food is so well known as a valuable one for infants and invalids that it is unnecessary to say anything in its favour.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. *Telephone, 138 Mayfair.*

Dr. POPE's Address is Holmleigh, 10, Approach Road, Margate.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Drs GOLDSBOUGH, SEARSON (London); Dr. SARAT GHOSE (Calcutta); Dr. CLIFTON HARRIS (Brighton); Mr. D. WHEELER (Bristol); Mr. G. A. CROSS, Messrs. GALLAIS & Co., Messrs. BLANDY BROS., Messrs. FINDLATER, MACKIE & Co. (London); B. BEHR'S VERLAG (Berlin); Miss N. G. BACON (Cornwall).

Dr. CLIFTON HARRIS and Dr. LILLIAN HARRIS have removed to 12, Buckingham Place, Brighton.

BOOKS RECEIVED.

Lateral Curvature of the Spine. By Otto L. Holst, M.R.C.S., L.R.C.P. *An appeal on behalf of Homœopathy.* By H. C. Sarcar, M.B., Calcutta. *The Homœopathic World*, July. *The Vaccination Inquirer*, July. *The Indian Medical Review*, June. *The Calcutta Journal of Medicine*, February. *The American Physician*, June. *Homœopathic Recorder*, June. *The Medical Brief*, July. *The Medical Times*, (New York), July. *The Hahnemannian Monthly*, July. *The Homœopathic Envoy*, July. *The Medical Century*, July. *The Pacific Coast Journal of Homœopathy*, June. *The North American Journal of Homœopathy*, July. *Allgemeine Homœopathische Zeitung*, June 30 and July 14. *Homœopathisch Maandblad*, July. *Handelingen van de Vereeniging van Homœopathische Geneesheeren in Nederland*, July. *Revue Homœopathique Française*, June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SONS, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

SUGGESTIONS.

BELIEVING as we do that homœopathy must some day be the dominant practice, not only in Great Britain and America, but all over the world, we are always interested to note any increase in the liberal feeling towards us which from time to time we have occasion to notice, and the disappearance, to a certain extent, of the *non possumus* attitude adopted in former days towards homœopathy. The old times of calling us knaves or fools, or both, have vanished into the domain of ancient history, except in a few fossilized individuals who refuse to move with the times. This attitude got its death-blow when we were informed years ago that if we dropped the name, and so no longer maintained a sectarian position, all would be right, and we might be free to practise as we chose. This cut the feet of the contention that homœopathy was "the grave of science," a thing to be repudiated in principles and practice, and that its practitioners were, in consequence, not to be associated with on any consideration. None of the old school could possibly agree to meet and associate with men whose principles and position were utterly at variance with science and facts, merely because they agreed to say that they would no longer use a mere word which was held by the old school to imply the assumption of a sectarian position. The inference was plain. They

knew that there was, to put it in a mild way, a great deal of truth in homœopathy, and adopted these new anti-sectarian tactics as a convenient mode of "climbing down." This suggestion was, of course, a failure. No honest homœopath could possibly accept such terms, and things remain, therefore, as they were. More recently in America there have been suggestions from several old-school societies that homœopaths should be asked to join them, and this suggestion has been advocated by more than one old-school journal in America. The homœopaths were not asked to renounce homœopathy, or even to drop the name, but it was to be understood that in joining these old school societies, they were not to discuss homœopathic treatment and principles, but to consider their mouths closed on these disputed points. This has also been a failure. The unanimous response of American homœopaths is that on such terms they prefer to remain outside these societies, and go on as they are at present. All these suggestions imply that when the lion and the lamb lie down together, it is by the lamb lying quietly inside the lion. Still, that such suggestions of union between the two schools should be made at all shows a more liberal feeling, and a desire which is evidently based on the knowledge that homœopathy is true, and is steadily leavening the old school in doctrine and practice, as we know it is. It bodes further and more feasible advances towards our school, and we, so far, welcome the fact of such suggestions.

The latest form of suggestion comes from the Dominion of Canada in the shape of a paper in the February number of the *Canadian Journal of Medicine and Surgery*, of Toronto, read before the Canadian Medical Association, held at London, Ontario, in September, 1903, by DR. GEORGE M. AYLESWORTH, Collingwood, Ontario. The paper is interesting, and it is almost necessary, in stating DR. AYLESWORTH's argument, to re-print his paper entire, and simply add our comments afterwards. This we, therefore, do.

"At the American Medical Association in May last, Dr. Solomon Solis Cohen, in his address as chairman of the Section of Materia Medica, Pharmacy, and Therapeutics, said: 'Under all circumstances it must be kept in mind that neither morbid agents nor remedial measures add anything to the powers possessed by the body. They alter, they invoke the natural

actions and reactions—the vital processes of disease and recovery ; but it is the living body that determines the nature of the disease process—it is the living body that determines the nature of the process of recovery.’

Admitting this, it matters not whether Byron Robinson (*The Abdominal Brain* : The Clinic Pub. Co., Chicago, 1899) is right when he claims that the ganglionic system generates a form of nerve force separate and distinct in character from that generated by the cerebro-spinal system ; or Schofield (*The Force of Mind* : Churchill, London, 1902) that the functioning of organs are all manifestations of unconscious mind, for it will hardly be questioned that the ganglionic system is the agent through which life influences the functions of organs.

When Hahnemann, as a regularly educated physician, announced his idea in therapeutics (*Similia similibus curantur*), the profession had been for a long time a unit in pursuing methods of cure that are now universally condemned. When he proceeded to demonstrate that this idea had an element of truth in it, by his success in treating disease, he met a storm of opposition, if not persecution, which caused him to narrow curative measures down to this one idea, which resulted in the extraordinary absurdities of his later teaching. While this idea is undoubtedly sometimes seemingly true, it has never been proved to be universal, as claimed by him and his followers. It would be too much to ask this proof, did they not assert its universality so strongly, and treat with disdain every remedial measure not originating in it. At the same time it is difficult to see why we should not admit its seeming truth, and utilize their ideas and methods for the relief and cure of our patients, in so far as they may be found useful.

Again, in the early sixties of the nineteenth century, C. J. B. Williams, a highly educated regular physician, published his principles of medicine, in which he clearly enunciated the idea that disease was an excess, a defect, or a perversion of normal life. Although this work of Williams was so notable that it was widely adopted in medical colleges as a text-book, this idea of his did not impress the profession as it should. Some ten years later, however, one Scudder, a practitioner of the methods of Thomson, the basis of whose treatment consisted in excessive emesis, diuresis, diaphoresis, and purgation, induced by poisonous doses of lobelia and steam-baths, re-enunciated Williams’ idea in this way : ‘Disease is wrong life ; wrong life is excess, defect, or perversion.’ Adding to this the intensely practical corollary that the medicines needed to cure excess were sedatives, defects stimulants, perversion alteratives ; and then inventing the

phrases 'specific diagnosis' and 'specific medication,' he became the founder of a new school of medicine—the eclectic, having now about 10,000 adherents.

That these ideas were steps towards direct medication and advances in therapeutics there can be no doubt; but their promulgators meeting the same reception from regulars and homœopaths as had been accorded Hahnemann by the regulars, shut their followers up to these ideas, antagonizing all other work in the therapeutic field, at the same time claiming the broadest eclecticism.

The writer hopes that the mentality of the mass of the profession in the three schools has sufficiently developed by this time to ignore these narrow vistas, and to adopt what is useful from all sources without prejudice. How the refusal to do so proves, even now, a brake upon the wheels of therapeutic progress, can best be elucidated by reviewing the different measures employed by the three schools in the treatment of some common disease.

Selecting colic at random, we find that Gould defines colic as 'spasmodic pain in the abdomen.' Intestinal colic is due to irregular and violent contractions of the muscles of the bowels. Byron Robinson says these contractions are controlled by Auerbach's ganglia through the plexus mesentericus. C. J. B. Williams says disease consists of excess, defect, or perversion of normal life, necessitating, according to Scudder, sedation, stimulation, or alteration, for cure.

Intestinal colic, then, is either perversion due to excess, or perversion due to defect in the nervous energy generated in Auerbach's ganglia. Experience has shown that medicines making directly for the correction of these two distinct conditions, are by far the most successful in the treatment of intestinal colic.

Why are they not adopted by all practisers of medicine? The query is a fair one, for we have men in each school of equal honesty, energy, mental grasp, and self-sacrificing devotion to curative measures, who not only cannot endorse each other's conclusions, but are inclined to think each other dishonest because they cannot.

Leaving aside causes of deranged force, such as the ingestion of too many green apples, which, of course, must be removed, let us glance at the treatment of intestinal colic. The regular schoolman would relieve his patient by using morphia, which only reaches the condition to afford relief by paralyzing sensation, which is a function of the cerebro-spinal nervous system. This means that the force from Auerbach's ganglia may still be acting abnormally, but owing to the paralysis of sensation

due to the morphia, the brain is unable to report the condition to the patient's consciousness. This is almost an exact parallel to the use of chloroform in labour, where painful uterine contractions continue to the end of accouchement, but the patient does not know it, because the chloroform does not permit the nerves of sensation to perform their duty.

The homœopath would prescribe colocynth in a minute dose (3x to 30x dilution), because he knows that in a large dose it will produce similar symptoms. When colocynth fails, as it often will, he may adopt the eclectic remedy, *dioscorea villosa*, with but moderate success, because he gives it in too small a dose (1x to 1 gtt. of the tincture).

The eclectic would prescribe the *dioscorea* in large doses (5 to 30 min. of the tincture) because adherents of the school have found it efficacious. When it fails, as it often will, he prescribes with prompt success the minute dose of colocynth, because he has known homœopaths to prescribe it successfully. Colocynth and *dioscorea* act directly upon Auerbach's ganglia, and when they succeed they do so at once, without apparent effect upon the economy beyond relieving the painful contractions permanently.

These three methods of treatment of the condition known as intestinal colic are all seemingly successful. What is the explanation? The cause within the organism of the condition is either the defect or excess of function in Auerbach's ganglia to a point that causes them to lose control of the rhythmic muscular action in the intestines. The regular school treatment is not directly curative at all. It merely deadens the pain, enabling the patient to endure it long enough to let the disturbed nerve force recover itself, as it naturally tends to do. The morphia does not increase this tendency, but makes the patient comfortable for the hours or days nature requires to accomplish the cure without assistance.

The colocynth of the homœopath meets a depressed nerve force, and directly stimulates it until it reaches the norm, the extremely minute dose being a safeguard against overstimulation, for, as is well known, a sufficiently large dose would produce the difficulty if absent, or increase it if present.

The *dioscorea* of the eclectic meets an excited or excessive nerve force, and directly sedates it to the norm, the large dose being useful to produce the effect quickly.

In these instances colocynth and *dioscorea* are *directly* curative, morphia is not.

In the use of colocynth the homœopath and the eclectic are on equal terms, because the eclectic adopts the minute dose of the homœopath. In the use of *dioscorea*, the homœopath is heavily handicapped by his faith in dynamization, and

the resultant minute dose; for if he does not fail completely with it, it takes him much longer to cure than it does the eclectic with the much larger dose, which the homœopath refuses to adopt.

If you will, for the sake of argument, admit that the foregoing views are sound, you will be able to see that while each of the three schools may have therapeutic truth, neither one of them has the whole of it. And if you will reason the matter out from the foregoing data, you will understand why it is so difficult for one schoolman to influence the adherent of another school. A regular schoolman, called to a case of intestinal colic, due to depressed Auerbach's ganglia, knows that morphia will relieve, but is not directly curative, and is more or less injurious. Possibly he also knows that eclectics claim that dioscorea cures colic. He therefore gives the latter remedy for several hours, with absolutely no effects, if (because he has a depressed nerve force) he is fortunate enough not to have made his patient worse. Disgusted, he gives a hypodermic of morphia, with the prompt effect of relieving the pain, and confirming himself and his patient in their belief in the beneficence of regular school therapeutics. Later, he is called to another case of colic due this time to an *over-stimulated* Auerbach's plexus. In the meantime, in his search for something better than morphia, he has learned that homœopaths use with success minute doses of colocynth for colic. He administers it faithfully, with results similar to those he obtained when he gave dioscorea. But he is quite oblivious of the fact that though the diseases in both cases are called colic, the conditions present are diametrically opposed to each other. Now, homœopaths and eclectics might as well try to batter down Gibraltar by butting it, as to try to convert a regular schoolman, who has had this experience, to their way of thinking about colocynth and dioscorea, unless they can present some better arguments than they have hitherto been able to do. He has but one reason for his obstinacy, and wants nor needs any better—'I've tried 'em both, and they are no good.'

A homœopath is called to a patient with colic due to an *over-stimulated* Auerbach's plexus. He knows that colocynth in a minute dose will *sometimes* cure colic, and persists in its administration without benefit until his fear of dismissal from the case induces him to try dioscorea. His training and his faith in dynamization, teach him erroneously that if dioscorea will cure at all, it will do so in the minute dose. He therefore gives it in the first or higher dilution, instead of from five to thirty drops as an eclectic would, and he meets with absolutely no results. In this instance, at least, his

theory of dynamization fails him, but instead of realizing the fallacy of his theory, he is filled with disgust for eclectic therapeutics. If a *true* homœopath and honest, regular school therapeutics are, of course, entirely out of the question.

An eclectic knows that *dioscorea sometimes* cures colic, but when it fails because of a depressed Auerbach's plexus, he tries colocynth in the homœopathic dose with success, knowing little and caring less as to the reason why. But when a regular schoolman urges him to use morphia, and points out its beauties when introduced through a hypodermic needle, he laughs him to scorn; and, if pressed for his reason, exclaims: 'What! make my patients drunk with morphia to cure cramp? I don't have to.'

It is not clear that narrowness of view dissipates energy and prevents progress in this instance?

While the facts just presented can easily be substantiated, the reasons adduced for their existence, as far as the writer is aware, are original with him, and as the use of colocynth in the minute dose and the use of *dioscorea* in any dose may not be familiar to some, it may be wise to illustrate the principle involved by as old and respectable a drug as *ipecacuanha*. The laity, as well as all three schools of medicine, have long been familiar with its power to produce emesis, in large doses. It was this power that induced Hahnemann to use it to cure vomiting in the minute dose. This use of it was made widely known to the regular profession twenty or more years ago, by Sydney Ringer, and has been adopted by both regulars and eclectics. *The U. S. Dispensatory* says that '*Ipecacuanha*, in small doses, is a stimulant to the stomach.'

We will now assume a normal organism, and begin to administer the drug in gradually increasing doses. At first the dose is so small that no appreciable effect is produced, but at a certain point, as the dose is increased, a sense of warmth is experienced in the stomach. As the dose continues to increase, we have successively nausea, secretion of mucus, emesis, paralysis of over-stimulation, the last effect being used medicinally by regular schoolmen to relieve dysenteric tenesmus. Now, assuming we have an organism in which the nerve force in the stomach is depressed enough to produce nausea and vomiting, we will begin to give *ipecacuanha*. In the minute dose which, in the normal organism, produced no appreciable effects, its stimulating or irritating action gradually raises the nerve force in the stomach to the norm, and nausea and vomiting cease. Increase the dose and they will be reproduced from an over-stimulated condition of the nerve force.

Ringer wrote in his handbook: 'Few remedies are so

efficacious as ipecacuanha in checking certain forms of vomiting.' As to the kinds of vomiting, he says that in adults they are (1) vomiting of pregnancy; (2) nausea and vomiting during lactation; (3) nausea and vomiting at menstrual periods; (4) the morning vomiting of drunkards; (5) morning vomiting of general weakness, met with in convalescents. Hare, in his *Practical Therapeutics*, p. 235, 1897, confirms these observations. The one etiological element which is common to all these conditions, is the depressed nerve force in the stomach, manifesting itself by nausea and vomiting. Ipecacuanha, through its local stimulating effects, removes this etiological factor, and thus makes directly for cure in all these conditions, so long as the dose is kept just too small to stimulate the stomach beyond the normal, producing over-stimulation. In the latter event the symptoms would be reproduced.

Should the nausea and vomiting be caused in the first instance by an irritant, over-stimulation is already present, and therefore ipecacuanha, in any dose, is useless as a means of relief, if it does not increase the difficulty. If this be true of ipecacuanha, there are many drugs that act on the same principles. Does there seem to be any good reason why all three schools should not adopt all three methods of administration, where the interests of the patient dictate, and the characteristics of the drug permit, in the same way that ipecacuanha has been adopted?"

Our readers will see from the above that DR. AYLES-WORTH is a man of liberal and open mind, and such a man we are always pleased to meet, and to hear his suggestions. He evidently knows a good deal about homœopathy, and this is a necessary qualification—not too common—in one who makes suggestions as to the unification of the profession of medicine. There are many statements in his paper as to HAHNEMANN and homœopaths which are not correct, but these are palpable to any one who reads the paper. No doubt he felt it necessary in reading such a paper before his society to say such things as a blind, lest he should find his position uncomfortable, as indicating an amount of knowledge of, and belief in the law of similars, which might be used to his detriment. We therefore forbear to take up our columns with controverting those statements, which would be a very easy task to perform, but which would not be worth the powder and shot. But

when he speaks of the "narrow" view that homœopaths take, in sticking to homœopathic treatment to the exclusion of other methods, it is necessary once more to point out that homœopaths are such by virtue of their maintaining their freedom to use every method of treatment which they believe to be for the good of their patients; but, in so doing, they practically do not require to use other methods, which they know from experience are far inferior to homœopathic treatment. Consequently, his suggestion that practitioners of all schools should give up their "narrow" views, and adopt all that is good in every system, is beside the mark as far as homœopaths are concerned. Homœopaths are always open to receive the truth wherever it comes from, and when a new medicine is brought under their notice, they at once proceed to "prove" it, and see whether its reputed action is homœopathic or not. Thus in the case of dioscorea, though it was introduced by the "Eclectics" in America, it no longer remains an "Eclectic" medicine, but having been carefully and fully "proved," it is found to act homœopathically in the colic and other abdominal pains which are similar to its "proved" symptoms. It is therefore as much a homœopathic remedy in these cases as colocynth is.

But in the selection of colocynth or dioscorea in the cases DR. AYLESWORTH takes as the illustration of his views, his theoretical ideas as to the cause of the colic—hyper-stimulation or depression of AUERBACH'S plexus, whether correct or not, are, we maintain, of no real use as a guide to the choice of the remedy. He may occasionally hit the right medicine, but he will as often, or oftener, fail to do so. When theory comes in for the choice of the medicine, it is so often fallacious that it is for practical purposes useless. It is of the same type as the late DR. ANSTIE'S explanation of DR. RINGER'S statements as to the value of ipecacuanha in sickness, namely that in curing sickness it acts as "a tonic to the vaso-motor nerves of the stomach." In fact, we find DR. AYLESWORTH adopting this very theory in regard to ipecacuanha. Such statements really act as dust in the eyes of the old school, who persuade themselves that, in so adopting the homœopathic action of ipecacuanha, they are saved the necessity of admitting,

in this instance at least, the truth of the law of similars. The only sure way of differentiating one remedy from another in practice, is to note carefully the symptoms proved of each, and thus, by obtaining the simile or simillimum, to make the required selection.

But to come to DR. AYLESWORTH'S suggestion that every one should adopt the best bits of every mode of treatment derived from all schools: this will, we are sure, be another failure. We do not want an extended empiricism, and a practice based on "tips," however pretty the theory on which such "tips" are employed may be. We want a LAW in medicine; and while homœopaths believe firmly, and, in fact know, that such a law exists, it is futile to ask them to be satisfied with anything short of a full, public, and authoritative admission that this law—the law of similars—is true, and that it is only right and honest that with such knowledge it is playing false with the best interests of truth to allow it to be explained away theoretically, or to hide its light under a bushel. To advocate an extended empiricism—a medical hotch-potch—is certainly only a retrograde suggestion, instead of being an advanced one, and is bound to be a failure.

"SIMILIA SIMILIBUS CURENTUR," IN RELATION TO SCIENCE, POLITICS, CULTURE.¹

By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the London
Homœopathic Hospital.

(Continued from p. 474).

PART II.—POLITICS.

"The art of healing does not consider the interest of the art of healing."—PLATO (*Republic*).

Similia
Similibus
Curentur
as Politics.

§ I.—Let us now transport ourselves from the philosophic detachment of the groves of *Academe* to the more robust and strenuous life of the Agora. Descartes, you will recall, secluded himself for nine years, and thought the time none too long to assure himself of the validity of his first

¹ Being the Presidential Address delivered before the British Homœopathic Congress, at the Session of 1904.

principles. Though I have not invited you nor myself to so drastic a course, yet right reason affirms nothing is prolix and nothing verbose that eliminates a too hasty assurance, or that imparts in time of crisis a steady confidence in the sure foundations of our procedure.

Now, in considering the function of *Similia* as Politics, I frankly adopt the democratic standpoint, and hold that all trained minds may properly discuss and legislate on the various practical issues known as Medical Politics. These, in fact, are the intimate concern of all citizens of the State; and Plato was evidently of the same mind when he makes Socrates say that the healing art does not exist for the benefit of the healing art. On the other hand, it were absurd to pretend that the light of nature is a safe guide on questions of science, often extreme in their complexity. Reliable deliverances in any department of science or letters—be it engineering, or medicine, or radio-activity, or the functions of the genitive case—can only be made by experts qualified for the task. But when we leave the purely academic plane and descend into the arena of practical application, then the matter becomes one for men of affairs; and it is to men of affairs—and are we not all such?—that this section of my address is devoted.

The Essential
Element in our
Politics: Our
Service to the
Community.

§ II.—Our politics then deals with the services our profession can render to the State and to the individual. Old Homer touched the true note when he sang:—

“A wise Physician, skill'd our wounds to heal
Is more than armies to the public weal.”

So also Plato, whose warrant for the healing art is the service it can render to the Commonwealth. And these Greek keynotes have the right ring. The honour and renown accorded to a liberal profession is not for the magnificence of its own establishment, or the splendour of its own resources, but for the serviceableness of it and these to the nation. Such are the politics of all liberal professions, and of the medical profession among them—essentially altruistic and national. The whole question has so often been adjudged on a totally false issue—the prior claims of our academic order.

The Double
Foundation of
our Politics:
I.—Our Service
to the State and
the Individual.
II.—Our Scien-
tific Service to
our Profession.

§ III.—The foundations of our politics are thus dual, and it is essential to see that both are well and truly laid. On the one part is our Academic foundation, and the necessity for seeing that we build on the solid ground of nature. On the other part is our Civic foundation, whose rule of construction is *salus populi suprema lex*, and the necessity for seeing that this is grounded in the necessities of the Commonwealth. The broader we lay the foundations of our politics, the more and more will they be implanted on a national basis, and the less and less correspond to the limited interests of an academic cult.

First, then, dealing with that element of our politics on which we are all adjudicants—on *Similia* as one of the public interests. Whatever lessens or tends to lessen the duration of disease; whatever preserves lives valuable to the family or to the national interest; whatever lowers the cost of illness, entirely wasteful from an economic standpoint; whatever does these not only enriches the State, but is insurance for individual safety and well-being; and to the extent it does these demands the support of every citizen of the Commonwealth. And these we claim are the daily issues of *Similia*.

The Extension
and Develop-
ment of Homœo-
pathy in the
National
Service.

§ IV.—Now, strictly adhering to our axiom, which is that we build up the powers of homœopathy in the service of the nation—not its converse, that we narrow down our public activities to the strict limits of the interests of homœopathy—it is, I say, with this wider outlook, this national wellbeing, that we from a homœopathic standpoint have to do. But our propagandism, like that of the great religious bodies, must perforce be a voluntary one.

First, then, I attach the greatest importance to the forceful backing of an informed public opinion. Without this we can do nothing of consequence. This is the spade-work we must set ourselves to, stating in substance and proving in fact that our mortality bills are less—often much less—than those of others, and our average duration-period of illness materially abbreviated for curable diseases. These facts have to be brought home to those most concerned, and this can be done in perfect taste by

literature of the explanatory, not of the polemic, kind. All great movements have, and must have, the literature of their subject dealing with elementary facts and first principles; and it is this type of effusion, well written, compact, and informing, that the national intelligence requires of Homœopaths.

But the most valuable work in extending the sphere of action of homœopathy is without doubt done by those institutions—Hospitals, Dispensaries, Sanatoria, Convalescent Homes—which testify year in and year out to the living and moving force of homœopathy in our midst. There is not only the most excellent tale of good work done, which, ever increasing, tells its own story; there are the outward and visible signs of bricks and mortar—auxiliaries of the most potent kind in extending the practical usefulness of homœopathy among the people. Here I may place that invaluable adjunct, the assistance of trained nursing—training which can only be effected in hospitals, and which is of untold value to the homœopathic practitioner in the conduct of his work. I would strongly urge that in every town where two or more homœopathic practitioners reside, that one or other of the larger institutions—Hospital, Sanatorium, or Convalescent Home—be established; *that it is in ways such as these that homœopathy is to be made most serviceable to the community, and that it is its serviceableness to the community that controls the present and future alike of our form of practice.*

Here I may call attention to the important and necessary function of homœopathic chemists in the permeation of national life by homœopathy. The part played by pharmacists in homœopathic history has been an important one, and should be still more so. Domestic practice is an art which probably every sane adult in the British Islands finds requisite and necessary; and I am inclined to think that in these latter days sufficient importance is not attached by ourselves to this most necessary and universal procedure.

§ V.—Only a forceful public opinion, based on the obvious services homœopathy is rendering in civil and unofficial life, can break down that narrow exclusiveness which proscribes homœopaths from the Military and Naval

State Service
and
Public Opinion.

professions, or which excludes them from the civil advisory functions which the State or the Municipality requires from responsible medical advisers. I can recall Mr. Knox Shaw successfully fighting his battle against sectarianism a quarter of a century ago. We have all sympathetically watched the similar firm stand of our former colleague, Mr. Gerard Smith, now of the Antipodes ; and in recent times also the virile and persistent claim for the right of private judgment—backed by results—maintained by Col. Deane, which has won for him the admiration of all who value consistency in an able man.

These, however, are unit instances ; a living and moving national force would not countenance official obstruction ; and the arbitrament of Parliament—that focus of national life and public opinion—would deal shortly with red-tapeism and the routine of bureaucrats.

And here, again, it is only the usefulness of homœopathy to the nation that can create that forceful public opinion, without which, I repeat, we can do nothing.

The
"Manual
of
Homœopathic
Politics."

§ VI.—In the British Army there is issued to each individual qualifying for the strenuous life a manual called the *Soldier's Handbook*. Here the lines of conduct and directions for procedure are laid down, so that each may develop to the utmost his own personal powers, and know also how to proceed to make the most out of conjoint action. Thus the importance of the soldier to himself is maintained, and all the ample and more extensive issues of co-operation in action are developed to the full. Permit me to express a wish that a "Guide in Politics," or "Manual of Procedure and Co-operation," could be drafted for the common use of ourselves, who daily wage a more peaceful yet a more incessant war. Among the axioms and postulates of such a Handbook conceivably might occur the following :—

(a) Each homœopathic settlement may be regarded as an outpost of the orthodox medicine of the future—a focus of homœopathic activity—a sphere of influence for the development of a public homœopathic interest.

(b) A homœopathic propaganda is of many sorts ; the simplest and readiest is the information propaganda—the statement in simple black and white of what homœopathy is and on what it is based, of what it does and can do.

(c) A much more important outpost propagandism is the testimony of public institutions—Hospitals, Dispensaries, Sanatoria, Convalescent Homes, etc. These potently demonstrate the benefits of homœopathy to a much wider circle than the limits of a private *clientele*, and lay hold of the public imagination much more effectively.

(d) Another and most important propagandist measure is the training of nurses. This is an invaluable and too-little-utilized method of consolidating a homœopathic position; this nursing should be made readily attainable within a wide circuit.

(e) Co-operation and co-fraternity among homœopathic professional men should be developed to the utmost, whether by conjoint work in hospital or dispensary, by hospital federation, by Congress visits and the practical results of these, and by similar methods of conjoint action.

(f) It is always advisable to perseveringly and enthusiastically enlist the interest and the human sentiment of homœopathic patients and friends in its public work. As is the personal note of the leader, so is the personal response of the adherents.

II.—Our Internal Politics:
(a) **The Necessity for a full Academic Equipment.**

§ VII.—Next, strictly adhering to our bi-lateral basis, the problems constituting our internal politics come up for consideration, and impress the insistent necessity for our full academic equipment.

Fortunately, the proper way of teaching science has been fully worked out in the arduous pioneer labours of the last half century; it insists on the close correlation of subjective knowledge and objective knowledge, that the student shall both hear for himself, as well as see and do for himself; that any divorce between the library and the laboratory is fatal to the work of both.

It is not here necessary to dilate on the immense value of systematic *viva-voce* education as against the partial and disproportionate results of self-education; this has been recognized since the University world began. Books do not educate: they merely inform.

§ VIII.—If the dominant note of our work in the State be the service we can render to it and its members, so also is the dominant note of our academic work the service

we can render to our profession and our colleagues. In both instances I maintain again, *it is not our own status or our own secular interests that should be the informing spirits of our politics: it is the use and value we can be to the national life on the one hand, and academic or professional progress on the other.*

Thus, in this our second half of the subject falls first to be considered the arrangements for full professional equipment for our work. When we consider the pains, the time, the brains, the money, the pious founders, the elaborate establishments which are found necessary for the teaching of matters of much less importance than health and life, we can only stand in amazement that homœopathy has successfully survived the ordeal of no systematic educational establishment. But the continuous ignoring of positive necessities is not a policy which is other than witless; and signs of late have not been wanting of an intention to set our house in order.

We have no full academic establishment, empowered to teach, to examine, and to legitimate practice in homœopathic medicine; and it is this grave and fundamental defect which chains the wheels of progress, and is the effective bar and impediment to our wider work in the State and among the profession. It is not difficult to fashion a proper constructive scheme of academic work: we only need to avail ourselves of what experience has taught other educational establishments to be requisite and necessary.

**The Necessity
for a Central
Homœopathic
Institute:
and its
Numerous
Activities.**

§ IX.—We require an Institute, focussing under one roof, in one administrative centre, all the departments of homœopathic activity other than clinical or hospital work. There is the department of original work in the many medical problems bearing on treatment; there is the department for the conduct of provings; there is the department for systematic lectures, general and special, of which one or other should always be going on; there is the department for developing further federation among all the hospitals in Great Britain, for protection, for aid, for initiation; there is great necessity for a department, hitherto scarcely dreamed of, for internationalizing homœopathy in the old world, and bringing into line homœopathic work in England, in France, in

Germany, in Russia, and other countries: and this on exactly the same basis that makes science, which knows no limit of country, a common bond of union and work among all who profess it. These and cognate departments of usefulness are each as important in their way as hospital work; and such a many-sided usefulness can no more be tacked on to the proper functions of a hospital, than the specific sphere of hospital work can be tacked on to these extraneous activities.

**The Necessity
for an
Enlarged
Homœopathic
Hospital.** § X.—But the essential and legal complement of a fully-equipped Academic Institute is a hospital containing not less than a hundred and twenty beds, whose size gives sufficient warrant for its sufficiently ample clinical teaching. Practically, then, until the London Homœopathic Hospital is raised to a full working quota of 120 beds, we are not legally able to undertake training, examination, and qualification of our own students. This Hospital enlargement and maintenance is one of the most considerable and important problems of the near future. All the portents point to such an augmentation at no very distant time; but all the portents also point to the absolutely necessary infusion of a new interest in the hospital sphere—a new compelling cause to warrant and necessitate the considerable extension of our hospital charity. Such a forceful and competent new impulse will be found in the legal foundation of a medical school; and I am unshaken in the belief that the public spirit of homœopathic adherents over the country will meet this and many other requisitions, provided their administration is sound and their object judicious.

**The
Objective
Method
in
Teaching.** § XI.—This, then, is the crux of our present difficult position—our inability to legally train, examine, and qualify. Now, ladies and gentlemen, unless and until all our awakenings and revivals culminate in this issue, we may just as well recognize the fact that our strivings are merely beating the bounds of a closed circle—a course without expansion, or progress, or prospects.

First and foremost in our academic equipment is the paramount necessity of teaching the homœopathic *Materia Medica*. This is the basis of our cult—medical

materials—and as obtained from the dry wells of literature is usually as fascinating a study as the differential calculus. But this devitalized aspect of *Materia Medica* is entirely due to the old decorticated method of teaching science—of hanging a mass of facts in mid-air without visible means of support. Directly these are invested with life—clothed with actuality—put back into their objective surroundings from which they have been detached—then the study of *Materia Medica* becomes one of the most fascinating of researches. Hence the professor of *Materia Medica* must be also and simultaneously the director of provings, both partial and complete. This, in fact, is part of his laboratory—the provision of the necessary objective method; and every *Materia Medica* student who has made no experiments in proving on himself, is as forlorn as a chemistry student who has done no analysis for himself.

This course, though prior in point of time, is not *primus* in point of importance. This high place belongs to therapeutics, the art of cure, to which *Materia Medica* is but handmaid and servitor. Now homœopathic therapeutics is an exceedingly difficult art, and directly we stray away from the strict parallelism of drug action and disease action, we get swamped in the Serbonian bog of chance. And yet, as I have before indicated, in what parallelism lies and how to detect it—whether in symptoms, clinical development, or pathologico-chemical processes—is a more complex question than appears *prima facie*. If the direct and instant appeal to nature is essential for the fruitful teaching of *Materia Medica*, much more is it requisite for the demonstrative inculcation of therapeutics. No science—least of all, therapeutics—can be taught other than by the inclusion of the objective method; and the omission of either the didactic or the demonstrative method of teaching therapeutics, is bound to lead to knowledge either nebulous or scrappy. Thus the Academic Institute and the Clinical Hospital are the complementary halves of a properly-balanced whole.

Research Work as Education. § XII.—Next, the enormous importance of research work as an educational measure, apart from its other value, is one of the best products of the past half century's educational discovery. The curing of disease is a daily succession of research work with all of us: it provides what cannot be taught

from the professorial chair, that is, experience; and any scheme of education is deplorably lacking that does not include training in the methods of research as part of an academic career.

The coping stone—and no mere ornamental accomplishment—is affixed to an adequate scientific education by the plan of travelling scholarships, especially after the graduate has been in actual practice a year or two. Those of you who have profited by this international academic training, can speak of the immense advantage this experience has been. For myself, I count it among the most valuable of my personal experiences; the new sources of knowledge, the thorough-going character of the work, the contact with great and inspiring personalities—these give a finish and a breadth to professional education which it can but ill afford to forego.

These, then, are the essential elements in a satisfactory educational foundation for the scientific teaching of our profession.

Our Internal
Politics:
(b) Our Service
to our
Profession.

§ XIII.—Proceeding now to that part of our Internal Politics which co-relates us with the profession in general, history is quite clear that nearly all great reforms originate in the first instance from pressure from without. I regard the evidence of a living and moving force in the world's work, as more suasive than any series of well-marshalled argument, as more compelling than any victory of disputation.

To our increased power in the national welfare, then, I look for an increased tendency on the part of professional men to "look into" homœopathy. Our science in many details is still so detached from current views, that the argument from results is more cogent than any explanations or interpretations we can give.

Other methods of suasion have, however, their definite rôle. What is urgently wanted is a compact, coherent, cogent statement from the professional aspect—conveying the essential facts of homœopathic science, showing its foundation in the order of nature, its parallelism to the most modern scientific teachings, its perpetual cropping out in the most recent physiological speculation, and its solution of the current difficulty of nihilism in medicine.

Now I do not anticipate this *apologia pro vita nostra*

to be greatly proselytizing; those of our good friends who hold that truth to be seen, is to be accepted, must re-read their history to better purpose; but I do hold that a presentment of our technical case, well ordered, copious without prolixity, and with references, would be a reasoned exposition which at least in self-defence we should issue.

Our distinguished colleague, Dr. Dyce Brown, has laid us under much obligation by providing the *Materia Medica* section of such an *apologia*; and unless rumour does them and itself much injustice, two of our ablest parliamentary hands are essaying, or intending to essay, a presentment of the facts and law of homœopathy viewed as natural science.

Prof. Huxley declared that the progress of a truth was in three stages. At the first, "it was obviously and inherently absurd," so ran the verdict of the majority; a stage further, "it was opposed to all authoritative teaching"; and finally, when this was well passed, "Oh, we knew all that long ago." Some such brief biography threatens to be the memoir of homœopathy. None can deny that the homœopathizing of the profession is proceeding apace: but this I deal with hereafter.

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| <p>Summary of our Present Requirements.</p> | <p>§ XIV.—Thus we may summarize the salient points of what I present to you as our requisite scheme of practical politics:—</p> |
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1. There is the necessity for educating a public opinion favourable to the expansion of homœopathy, on the ground of its public service to the health of the community, and its private service to the wellbeing of the individual.

2. There is the proper and legitimate use of the literary arm, in the intellectual presentment of our position plainly and succinctly: just as is done in politics, in science, in art, in religion, in letters, and in all the great interests of mankind.

3. There is the more extended use of the secular arm in the great desirability of our *confrères* fitting themselves for public spheres of usefulness in the service of the Municipality or the State, in whatever department professional service is required.

4. There is the necessity for the public demonstration of the value of homœopathy to the community, in the shape of the establishment and maintenance of some

public homœopathic institution — whether Cottage Hospital, Dispensary, Sanatorium, or Convalescent Home—in connection with every homœopathic settlement. Wherever two *confrères* work in the same sphere, this should preferably take the form of a Cottage Hospital, controlled by public organization, financed by public interest.

5. There is the urgent and paramount necessity for a suitable and proper academic equipment for the full training of graduates in the theory and practice of homœopathic medicine. Coupled with this is the similar necessity for provision for all collateral developments of homœopathy, scientific and propagandist, in the shape of a Central Institute, the focus of all the various homœopathic activities in the country.

As a corollary from this, all efforts of ours in giving force and vigour to the place homœopathy has in the currents of progress are nullified, unless and until we obtain legal powers to teach, examine, and qualify for practice. The absence of this hitherto truncates our politics, and disarticulates our best devised and most far-reaching plans.

Research work and the special qualification that only travel can give, fall in their proper place in any adequate educational scheme, and due and proper provision must be made for them.

And as we have a duty, not only to the nation, but also to our order, there is required a compact, coherent, cogent presentment of the scientific warrant for our art and practice. This will include not only the direct evidence from the facts of disease, but the various indirect evidence from the collateral findings of physical and physiological science.

§ XV.—Such, ladies and gentlemen, is my cursory presentment of the tripartite totality of homœopathic politics. It includes our duty to the Commonwealth, our duty to our homœopathic status, our academic duty to our profession.

Now and again, after long quiescent periods, there comes to great causes an afflatus which impels to progress, marks out a new epoch, opens new avenues for expansion. Such a spirit I see to be working at the present time in the service of homœopathy in Great

The Three
Factors of
"Similia" in
Politics:
I.—Our Service
to the State.
II.—A Complete
Academic
Equipment.
III.—The
Homœopathiz-
ing of the
Profession.

Britain. It behoves us to take advantage of this flowing tide, this current as it serves, and not to rest content with beating the same coverts and whipping the same stream.

And my final word to the leaders in homœopathic politics when they are confronted by an *impasse*, is to turn about and recast the perplexing situation on new lines. The policy of drift is always a fatal policy. Chronic and recurring difficulties are often best met by introducing new activities, by the dropping of old methods, and boldly sailing out on the sea of enterprise. To start with a preconceived notion that sympathies are a limited circle and support a limited quantity, is radically bad leading. It is, as Mr. Chamberlain says, enthusiasm that heralds success: it is enthusiasm that breaks barriers, gains treasures, achieves results; and enthusiasm, backed by a good cause, can and will plant British homœopathy in a large place.

HAHNEMANN'S MATERIA MEDICA.

By ALFRED C. POPE, M.D.

Continued from p. 418.

PASSING now to the examination of each article of *Materia Medica*, in the first place it was recognized by HAHNEMANN, from the very outset of his investigations, that, to be of practical value, the knowledge of the powers of each substance used as a medicine must be obtained from experiments made with it upon human beings, upon men and women. Experiments made upon the lower animals have value, but it is as confirming, and, in a sense, interpreting observations made upon human beings. An animal drugged to death shows, in the *post-mortem* examination, the tissues which have been disordered during life, and in so far, enables us to trace with greater confidence, perhaps, than we otherwise could do, the course and direction of the lesions of which the symptoms observed in the human being were the expression. This source of knowledge is however limited, and, in actual prescribing, of much less importance than at first sight it would seem to be.

In the proving of drugs upon himself and his coadjutors, in the construction of a *materia medica*—which he termed

“pure”—not, as Dr. Constantine Hering has explained, because he regarded it as “spotless” or faultless, but as being “free from fiction,” from preconceived theory or hypothetical notions, and as embodying the results of pure observation of the phenomena produced by drugs upon the healthy organism; in the construction of this materia medica HAHNEMANN insisted chiefly on the purity and genuineness of the substance taken (*Organon*, § cxxii); that it should be taken in the simplest possible form (*op. cit.*, § cxxiii); that “during all the time the experiment lasts the diet be strictly regulated” (*op. cit.*, § cxxv.); while in a foot-note he says: “The subject of the experiment must either be not in the habit of taking pure wine, brandy, coffee or tea, or he must have totally abstained for a considerable time previously from the use of these injurious beverages, some of which are stimulating, others medicinal.”

He also insisted upon the prover being in good health at the time he commenced his experiments, and on his being free from all disturbing mental influences during it. The next direction is that: “The medicines must be tested on both males and females, in order to reveal the alterations of the health they produce in reference to the sexual system.”

The doses of medicine given by HAHNEMANN in his experiments varied at different periods of his career. In his earlier enquiries we learn his method from his essay, *The Medicine of Experience (Lesser Writings*, translated by Dudgeon), where he writes: “In order to ascertain the effects of medicinal agents, we must give only one pretty strong dose to the temperate healthy person who is the subject of the experiment; and it is best to give it in solution. If we wish to ascertain the remaining symptoms which were not revealed by the first trial, we may give to another person, or to the same individual, but to the latter only after the lapse of several days, when the action of the first dose is fully over, a similar or even stronger portion, and note the symptoms of irritation thence resulting in the same careful and sceptical manner. For medicines that are weaker we require, in addition to a considerable dose, individuals that are healthy, it is true, but of very irritable delicate constitutions.”

Such are the leading instructions given by HAHNEMANN on “proving.” That they evince the greatest caution in

observing, no one, I think, can deny, while from all we know of the character of HAHNEMANN we may be perfectly certain that what he directed his pupils and co-workers to do, was done. That he had exercised the greatest care in collecting his observations, that he had studied them in a "sceptical manner," has been shown by Dr. Constantine Hering, of Philadelphia. Dr. Hering says: "HAHNEMANN's way of conducting provings was the following. After he had lectured to his fellow workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point of locality, the observation and the mentioning of everything that influenced their feelings, the time of day, etc. When handing their papers to him, after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth, to the best of their knowledge, by offering their hands to him—the customary pledge at the Universities of Germany instead of an oath. This was the way in which our master built up his *Materia Medica*."*

In so far then as the contributions to the *Materia Medica* made by HAHNEMANN and his disciples are concerned, we have ample ground for believing that the work was most conscientiously done.

In addition to these, HAHNEMANN's researches into the literature of medicine supplied him with a large fund of symptomatology, drawn from cases of poisoning and of overdosing. Such symptoms are, in the original editions of *The Materia Medica Pura*, classed under the heading *Observations of Others*. To each symptom is appended the reference to the author from whom it was taken. That much care was bestowed upon this part of his labour, and that at the same time his accuracy was not absolute and his inferences were not uniformly sound, has been proved by the labours of the late Dr Richard Hughes, who has been through the whole, I believe, of these *Observations of Others*, so far as they were derived from reports of cases of poisoning and overdosing, and has traced all, or nearly all such to their original source. Several important and valuable corrections have resulted from

* Hughes' *Pharmacodynamics*, 4th ed. p. 237.

Dr. Hughes' study, but at the same time it must be acknowledged that HAHNEMANN'S claim to our confidence has received additional strength from the large proportion to which so acute a critic could take no exception. These corrections all appear in that veritable *magnum opus*, the *Encyclopædia of Materia Medica*, which has been published by Dr. Allen, of New York. In this work each symptom is referred to its own authority, and under the head of that authority is given all available information regarding the circumstances under which the observation was made. The symptoms themselves, thus illuminated to their utmost, are also corrected or bracketed as dubious wherever required.

Before pointing out other sources of drug-proving, I may here give a very striking illustration of the accuracy of HAHNEMANN in recording drug symptoms; sensations, that is, correctly traceable to drug action.

M. Trousseau had on one occasion lectured upon *arsenic*, and in doing so he said, "We will not speak here of the singular reveries of hypochondriac homœopaths, and the innumerable symptoms they have discovered in *arsenic*; we leave them in the ideas which they cherish, and which they force themselves to believe."

Dr. Imbert-Gourbeyre, the professor of *Materia Medica* at Clermont-Ferrand, was at that time considering the subject of homœopathy. Trousseau's remark gave him the clue to a method of ascertaining for himself whether the symptoms attributed to *arsenic*, and, *a fortiori*, to all other drugs by HAHNEMANN, were as delusive as Trousseau had declared them to be. He determined to examine the action of this drug for himself, and to study it thoroughly; the result he has given in the following words:—

"I took *arsenic* in preference, just on account of this passage from Trousseau. Who spoke the truth, HAHNEMANN or Trousseau? Must I pass over to the side of HAHNEMANN, or remain in the ranks of the majority? Such was the problem I had to solve. I did not hesitate to study it exhaustively, and set to work first by searching out all that had been recorded on the subject. I have consulted all the books, monographs, essays, and theses on *arsenic*. There does not exist the smallest observation of arsenical poisoning in all degrees which I have not verified. I have given a place in my library to all that has been published on this subject in Europe as well as

America, in France as well as in Germany, in England, in Sweden, in Russia, in Italy, and everywhere. Not only did I wish to read everything, but I desired to see and repeat for myself the experiments with *arsenic*, in doses varying from that commonly used, up to the highest infinitesimal degree; and after this arduous work, which has now lasted nearly fifteen years, and which goes on yet, what was my astonishment, when I saw that HAHNEMANN, in describing these numerous symptoms of *arsenic*, was in agreement with all tradition, with a thousand observations of poisoning published by toxicologists, with a thousand physiological facts, published by the allopaths themselves; while, at the same time, I saw the same facts perpetually repeated in my personal experiments. Thenceforward I hesitated no longer: I was sure of the truth; I had mastered it; it must be defended. I ventured into print, and I demonstrated the value of that which M. Trousseau had denied with so much assurance in a series of essays, wherein is proved the reality of the eruptions, the palsies, the articular pains, the febrile accidents caused by *arsenic*, and of a crowd of other symptoms belonging to that medicine. My labours even show that the number of symptoms caused by *arsenic* is still greater than that given by HAHNEMANN."

While the work accomplished by HAHNEMANN constitutes the foundation of our *Materia Medica*, and is probably that portion of it which has been best done, and received the largest amount of clinical confirmation, numerous additions to it have been made by German, French, American, and English observers. These additions have been acquired both by direct experiment, and also from the records of cases of poisoning. Of such observers, Professor Jörg, of Leipsic, was one of the best known. He was no follower of HAHNEMANN, but recognized in the proposed method of drug-proving a better means of acquiring a knowledge of the action of remedies than any that had been set forth. His observations were published in Leipsic in 1824, and consisted of experiments made with thirteen drugs. Dr. Hughes (*op. cit.*, p. 42) says of them: "All these substances were taken in moderate doses repeated (and if necessary increased) until a decided impression was made. The experiments of each prover are related in full, just as they were made, and as the symptoms occurred. In the preface a description is given of the age, temperament,

and constitution of those engaged in the work, and the assurance afforded that all were in good health."

Another series of provings, or rather of re-provings, demands notice as illustrating, *first*, the caution with which HAHNEMANN's followers have received his experiments, and *secondly*, the testimony they bear to the wonderful accuracy with which he had recorded his observations. A society of physicians was formed in Vienna in 1842, for the purpose of re-proving a series of drugs. They had re-proved *aconite*, *bryonia*, *colocynth*, *natrum murialicum*, *sulphur*, and *thuja*, and had made original provings of *coccus cacti*, *argentum nitricum*, and *kali bichromicum*, when the repressive laws of a revolutionary era compelled the dissolution of the society. In these re-provings details are given in full of each experimenter's alteration in health while taking the medicine. While confirming the reality of the drug-symptoms recorded by HAHNEMANN, they enable us to obtain a clearer insight into the action of each drug than the HAHNEMANNIAN method of arranging the symptoms permits us to do. American physicians have by their personal experiments, and the researches they have made amongst records of cases of poisoning, done much to aid us in our drug resources.

In England comparatively little has been done, but that little has been unusually well done. I need only refer to the proving of *kali bichromicum*, by Dr. Drysdale; *naja*, by Dr. Rutherford Russell; *cedron*, by Dr. Casanova; *cotyledon umbilicus*, by Dr. Craig; and the *nitrate of uranium*, by Dr. Edward Blake, published in the *Hahnemann Society's Materia Medica*, and in the *British Journal of Homœopathy*.

Such, then, are the sources whence our vast and apparently perplexing *symptomen codex* has been derived. That a fundamental error was committed by HAHNEMANN when he contented himself with publishing merely a list of symptoms, separating them from their connection one with another, is much to be regretted. It has done more than almost anything else to repel an enquirer, to confuse a student, and to embarrass a practitioner; and that others should have followed in his footsteps in this particular, is equally a cause of regret, and still more unpardonable. All disjointed as they are, however, these catalogues of the symptoms of drugs have done admirable service, and are destined to do still greater.

The vast number of symptoms recorded as the effect of some drugs, is a cause of much bewilderment at first sight. But a little study and reflection will soon disperse the cloud thus raised. It must be remembered that HAHNEMANN carefully noted *every* apparent disturbance of health in every one of his provers; he has published every symptom he could find attributed, with apparent justice, to every case of poisoning he could meet with in medical literature. Hence, we often find the same symptom frequently repeated in different words, each being numbered as though it were a different symptom or indication of some other form of disturbed health. This alone sufficiently explains the large array of symptoms met with in our registry of drug-provings.

The same comprehensiveness and minuteness of observation account for the considerable number of symptoms, which physicians, who are accustomed to pay attention only to the grosser and more marked indications of disease, not unnaturally regard as trivial, as fanciful, and as unworthy of notice. That they are often important, that they are indeed real manifestations of morbid action, and that they have proved of value in deciding the relative claims of two otherwise similarly-acting remedies, is the testimony of every physician who has surmounted those prejudices of education which run counter to their taking notice of such phenomena, and been ultimately guided in his selection by them.

I now enquire how we can best study the results which have been accumulated, or by which method we can most efficiently utilize them.

In the *first* place we have to obtain a clear conception of the sphere of a medicine's action. We must gather from the symptomatology whether the nervous system, the circulation, or the great function of nutrition, is most disturbed; what tissues, whether the serous, fibrous, muscular, or areolar, are throughout the body most prone to be affected. The reading of the symptoms by the light which physiology and pathology have afforded, will seldom fail to give us an accurate knowledge of the general action. We thus learn whether the organism is excited or depressed, whether the class of cases to which the medicine will prove homœopathic is characterized by *sthenia* or *asthenia*. The information thus attained is, as will be easily seen, often of the highest value in practice.

Secondly, having studied its general action, we next investigate the local modifications produced by our medicine. We carefully examine the symptoms which have been observed in each organ, and from this examination we ascertain for what organs it has an elective affinity. It is in the fact, that each drug influences one or more organs in preference to others, that we find a chief reason for our confidence in prescribing specifically. Further, having ascertained the organ for which a drug has this elective affinity, we enquire on what part of the organ, what particular tissue of it, its action is exerted. Is it, for example, the Malpighian circulation or the secreting cells of the convoluted tubes, that a medicine attracted to the kidney attacks?

And yet again, we must discern the *kind* of action it sets up: does a given drug stimulate in the first instance, or is it a depressant? It sets up morbid action in a given part of a given organ, and then comes the question, what is the nature of the action thus set up.*

In the treatment of a not inconsiderable number of chronic cases, it becomes necessary to dig deeper into the mine of drug therapeutics, to secure a thoroughly satisfactory homœopathic remedy. In such cases it is necessary to examine every symptom by means of the repertory or index passing through it to a proving. As

* As illustrating the value of bringing a knowledge of part, and kind of action of a poison, to bear upon disease under the direction of the law of similars, I may here relate the circumstances of a case that was once brought under my notice. A friend of mine, a Homœopathic physician in a large and important country town, was attending a case of pneumonia. The patient did well, but, just before convalescence could be fairly said to have begun, symptoms of meningeal effusion set in, and progressed with great rapidity. A fatal issue appeared inevitable, and a hospital physician of considerable repute met my friend in consultation. After seeing the patient with him, they retired for deliberation. The first remark made by the consultant was that the patient was dying, and that there was no room for treatment. My friend quite concurred with him in thinking the issue of the case necessarily fatal, but not liking to abandon treatment he said to the consultant, "If you had been told that this patient had taken poison, what poison would you think she had taken?" The reply was "one of the salts of copper," to which my friend rejoined "Yes—and let us give her one of the salts of copper." After some discussion it was resolved to give her the twentieth of a grain of the sulphate of copper. This proved rather too large a dose, as it induced sickness and retching. The next given, after the subsidence of these symptoms was the fiftieth of a grain. The result was that in twenty-four hours all indication^s of immediate danger had subsided, and recovery rapidly took place.

the late Dr. Hughes has somewhere said, "So many morbid states are known to us only as an assemblage of phenomena, that there is no other way of treating them than by comparing them at the time with our pathogenic records, and fitting drug symptoms to those of disease."

This method has been illustrated as well as enforced by HAHNEMANN, who reports the case in the first volume of the *Materia Medica Pura*, page 20 (Hahnemann Publishing Society's Edition).

"Sch—, a washerwoman, somewhere about forty years old, had been more than three weeks unable to earn her bread, when she consulted me on September 1st, 1815.

"1. On any movement, especially at every step, and worst on making a false step, she has a shoot in the pit of the stomach, that comes, as she avers, every time from the left side.

"2. When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the pit of the stomach.

"3. She cannot sleep after three o'clock in the morning.

"4. She relishes her food, but when she has eaten a little she feels sick.

"5. Then the water collects in her mouth and runs out of it, like the waterbrash.

"6. She has empty eructations after every meal.

"7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration. The catamenia was quite regular a fortnight since. In other respects her health is good.

"Now as regards symptom 1, *belladonna*, *china*, and *rhus toxicodendron* cause shootings in the pit of the stomach, but none of them *only on movement*, as is the case here. *Pulsatilla* (see symptom 3 & 7) certainly causes shooting in the pit of the stomach on making a false step, but only as a rare alternating action, and has neither the same digestion derangements as occur here in 4 compared with 5 and 6, nor the same state of the disposition. *Bryonia* has alone, among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement*, and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm (448) and on making a false step it occasions shooting in other parts (520, 600).

"The negative symptom 2 met with here, answers

especially to *bryonia* (638); few medicines (with the exception, perhaps, of *nux vomica* and *rhus toxicodendron* in their alternation, neither of which, however, is suitable for the other symptoms) show a complete relief to pains during rest and when lying; *bryonia* does, however, in an especial manner (638 and many other *bryonia* symptoms).

"Symptom 3 is met with in several medicines, and also in *bryonia* (694).

"Symptom 4 is certainly, as far as regards "sickness after eating" met with in several other medicines (*ignatia*, *nux vomica*, *mercurius*, *ferrum*, *belladonna*, *pulsatilla*, *cantharis*), but neither so constantly and usually, nor with relish for food, as in *bryonia* (279).

"As regards symptom 5, several medicines certainly cause a flow of saliva like waterbrash, just as well as *bryonia* (282); the others, however, do not produce symptoms similar to the remaining ones. Hence *bryonia* is to be preferred to them in this part of the ailment.

"Empty eructation (of wind only) after eating (symptom 6) is found in few medicines, and in none so constantly, so usually, and to such a great degree as in *bryonia* (253, 259).

"To 7, one of the chief symptoms in diseases (see *Organon of Medicine*, § 213) is the "state of the disposition," and as *bryonia* (772) causes this symptom also in an exactly similar manner, *bryonia* is for all these reasons to be preferred in this case to all other medicines as the homœopathic remedy.

"Now, as this woman was very robust, and the force of the disease must consequently have been very considerable to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not impaired, I gave her one of the strongest homœopathic doses, a full drop of the undiluted juice of *bryonia* root to be taken immediately, and bade her come to me again in forty-eight hours. I told my friend E., who was present, that within that time the woman would assuredly be quite cured, but being only half converted to homœopathy, he expressed his doubts about it. Two days afterwards he came again to ascertain the result, but the woman did not return then, and, in fact, never came back again. I could only allay the impatience of my friend by telling him her name and that of the village where she lived, about a mile and a half off,

and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was, "What was the use of my going back? The very next day I was quite well, and could again go to my washing, and the day following was as well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

In this way, in the early practice of homœopathy, medicines were selected as remedies, and that with an amount of success which has never been excelled. It is true that it is a mechanical method, tedious and wearisome in carrying it out, but nevertheless very satisfactory in its results, and this after all is what we endeavour to aim at in the use of remedies. The therapeutic art, in the well-remembered words of the late Sir Thomas Watson, is "the supreme end of our profession"; and the judicious use of well "proved" drugs, in accordance with the method of HAHNEMANN, viz., that each drug is examined by the results of experiments made with it upon the healthy human body, and selected by the symptoms it produces most closely allied to those representing the disease it is sought to cure. This I believe to be the highest point the therapeutic art has arrived at. And through it being carefully and intelligently applied, the practitioner of medicine will achieve his greatest success in affording relief and comfort to the sick.

10, APPROACH ROAD, MARGATE.

TOPICAL, MENTAL, AND SOCIAL ASPECTS OF BRAIN FUNCTION, ILLUSTRATED BY CASES OF DISEASE.

By GILES F. GOLDSBROUGH, M.D.,

Physician for Diseases of the Nervous System to the London Homœopathic Hospital. Member of the Aristotelian Society for the Systematic Study of Philosophy.

(Concluded from p. 413.)

CASE V. *Hemiplegia of Functional Origin; Onset of Insanity; Recovery from Hemiplegia and Insanity.*—E. G., age 24, female, single, a governess, was admitted into Quin ward of the London Homœopathic Hospital on July 2, 1902, suffering from right-sided hemiplegia.*

* For these notes I am indebted to Dr. C. Osmond Bodman, Resident Physician

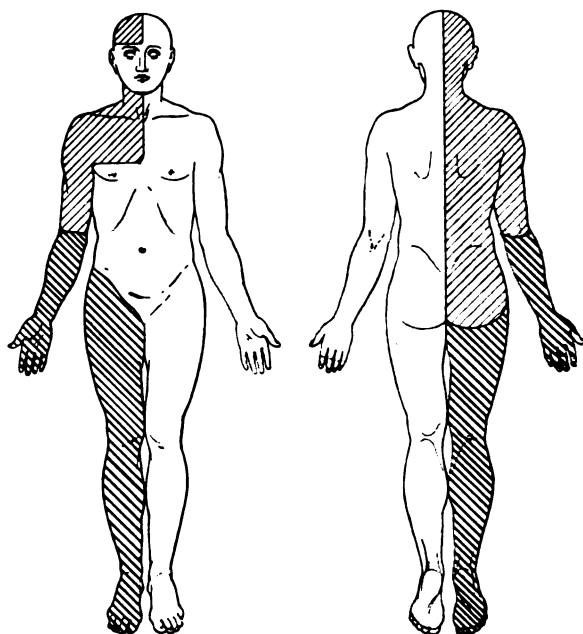
The duration of her ailment had been six weeks, and the onset gradual. She was removed to the hospital from a Nursing Home at Hastings.

Family history.—Father died from heart disease; mother living and healthy; two brothers and three sisters living and healthy; one sister died in infancy; no history of nervous disease or consumption in the family.

Personal history.—The usual illnesses of childhood. Scarlet fever at 14. Pleurisy three times. Influenza and pneumonia two years ago. Since then anæmic and dyspeptic. Has been working hard since Christmas, and suffered from headaches. In April had pleurodynia, and not well since. About May 20 she began to have numbness and swelling of the right little finger, with change of colour to livid blueness, and loss of power. This gradually spread over the whole hand, up the forearm and arm. About a fortnight afterwards patient noticed weakness of right thigh, spreading to the leg in about a week. Numbness and loss of power was preceded by a feeling like “pins and needles.” Speech not affected, and no loss of control over sphincters. For about three weeks has had heavy pain in epigastrium almost immediately after taking food, followed by vomiting, which relieves. Dull, heavy pain behind the eyes for some weeks. Also aching at the back of the neck.

Condition on examination.—Patient is fairly well nourished, rather anæmic. Temperature subnormal. Her mental state seems normal; she gives her history intelligibly and without hesitation; and speech is certainly normal. Dull aching in the right parietal region and behind the eyes is complained of. The pupils are dilated, but equal. Optic discs pale, white patch in the centre of each. Retinæ generally rather hyperæmic. Organs of vision otherwise normal. Acuity of hearing greater on the left side. Taste and smell normal. Sensation on the left side of the whole body, and the right side of face and abdomen normal. Complete anæsthesia and analgesia of the right forearm and hand and lower extremity. Sensation to touch and pain impaired over the remainder of the right side (*see diagram*). Right-sided hemiplegia almost complete. Very slight power of flexion and extension of the forearm, leg, and foot. Some paresis of the right side of the face. Slight rigidity of the elbow and knee. Plantar reflex absent on the right side, normal on the left. Abdominal

reflexes active. Knee-jerk diminished on right side, normal on left. At times a somewhat exaggerated right knee-jerk could be obtained. No impairment of nutrition generally. Skin of right hand shiny, desquamating, cold. Muscles of right calf flabby. Tongue moist, broad, thick brownish fur on the dorsum. Bowels constipated. Pulse 84, a little irregular, fairly good wave. First sound of heart impure at the apex, and sometimes reduplicated. Examination of blood gives hæmoglobin at 80 per cent.



Lighter shading, = Anæsthesia.
Darker shading, = Anæsthesia and Analgesia.

Menstruation every three weeks, lasts four or five days, loss scanty. Urine: Specific gravity 1035, trace of albumin, no sugar, no casts.

Diagnosis.—This case presented a problem of diagnosis as to the cause of the hemiplegia, whether functional or organic. The history favoured the former view, but the present state and symptoms, both local and general, the latter. I had known something of the patient before her admission, and had been favoured with information as to

the opinion of the medical man who had treated her and who had watched the onset of the symptoms. He regarded the local condition as one of neuritis. To this view I could not assent. The paralysis being so decidedly hemiplegic when I first saw the present illness, the opinion was forced upon my attention that it was of cerebral origin. The trophic changes which had and were taking place, together with anæmia, vomiting, and the state of general weakness, also appeared inconsistent with a purely functional hemiplegia, and I concluded there must have been some occlusion of blood-vessels or thrombosis affecting a limited area below the cortex (there had been no convulsions) and interrupting the pyramidal tract at the beginning of its course in the internal capsule of the left hemisphere. A hæmorrhage was out of the question. Embolism was out of the question. Gowers mentions that thrombosis sometimes occurs in anæmia, although he gives no cases in support of his statement.* Either disease of the arteries or thrombosis was therefore in my judgment the pathological state accounting for the paralysis in this case. This view also seemed to point to the best plan of treatment to be adopted, namely, prescription according to the totality of the symptoms, and massage for the affected limbs. As will be seen in the sequel, the pathological cause mentioned could scarcely have been the cause of the symptoms, although there may have been occlusion of arterial supply, the result of hysteria.

Treatment and progress.—Massage was begun, and ferrum picricum 3 given as medicine. The trophic condition of the limbs began to improve almost at once, the swelling going down, and the skin regaining a more normal tone. Vomiting was less, but constipation troublesome. Hydrastis ϕ was given on the 9th July; ferrum acetatum 4x on the 14th; subsequently pulsatilla 3 before meals, and ferrous oxalate, gr. j, t.d. after meals. There was slight improvement in flexion and extension of the forearm. Later vomiting became more troublesome, and she received kreasote 3x, iij four hours before food. It now became impossible to retain the patient in the hospital, as it was on the point of being closed for cleaning. She was accordingly transferred to the National Hospital for the Paralysed and Epileptic, in Queen's Square, under the care of Dr. Tooth. I ascertained that Dr. Tooth gave an

* Diseases of the Nervous System. Second edition, vol. II, p. 426.

opinion as to the cause of the hemiplegia very diffidently, but he was inclined to regard it as functional. Treatment was by massage and the faradic current. On October 8 I received the patient back into Quin Ward and found her condition much as when she left on August 8th. The massage was resumed, also ferrous oxalate, and subsequently hydrastis. Some little improvement was manifest after a few weeks, but no power to walk was regained, and there was but little power in the forearm and hand. There appeared also some weakness in the left hand, and the patient's general nutrition was reduced. I did not think much would be gained by a longer stay after six weeks, so that the patient was discharged again on Nov. 27th, and removed to Hastings to the Home of Rest, from which she had been removed to London.

It is from this point that unusual and unlooked-for aspects of the case began to show themselves. In the course of a few weeks she began to develop some apparently serious symptoms simulating meningitis, as reported by the medical man in attendance, the chief being headache, constant vomiting, unconsciousness or disordered consciousness, and convulsive seizures. So severe was this condition that on one occasion death was considered imminent. A friend in London was telegraphed to to this effect by attendants of the patient. This attack was recovered from, however, but there was a decided alteration in the mental condition as dating from it. The patient began to be suspicious of her nurses, had occasional attacks of screaming, and became very exacting and difficult to manage. She lost flesh, refused food at times, and developed bed-sores. The Home of Rest being unadapted for cases of the kind, she was removed to another Nursing Home, and then to another, and the same conditions prevailed, so that it became imperative she should be permanently near relatives or friends who would be responsible for her. She was brought to London and placed in the house of a respectable woman who could devote a good deal of time to her, and I was asked to take charge of her medically, which I readily did, feeling much interested in her case. This was on March 25th, 1903.

At this point it is needless I should give some other facts relating to the personal history and previous mental qualities of the patient, which were furnished at that time and have been confirmed in conversation since. In

childhood the girl had been removed from her parents' house and adopted by a relative who was living in a state of social comfort and atmosphere considerably higher than could be provided by the parents of the patient. She was old enough to appreciate the difference. She became very reserved in manner, and exhibited a proud and independent spirit. As she grew older she developed an almost morbid conscientiousness. She was anxious to the finest point lest in speaking she should deviate from the truth. She never lost her temper, and was scrupulously anxious to please and oblige. She became almost over-strained in unselfishness. She was well educated. Later, when the circumstances of her relative changed, for this and other reasons connected with her home, she was obliged to entertain the question of earning her living. She accepted her first engagement as governess at 18, and had little difficulty subsequently in obtaining others, and filled them creditably, sometimes having to work hard and do more than might reasonably be required of her, owing to her obliging disposition. It was after nursing the children of her last employer that she broke down, and was obliged to return to the home of her relative and have medical attendance.

On my taking up the case again I found her much emaciated. She was willing to converse, expressing herself as particularly anxious to get well, feeling confident that she would recover the use of her paralyzed limbs. The limbs were in much the same state as when she left the hospital. She complained a good deal of headache, slept fairly, and took nourishment fairly well. I was still anxious to unravel the mystery of the pathology of the case, so did all I could to encourage her in the expectation of recovery and in the use of the little power she had in the paralyzed limbs. The state of her mind, however, was not long in revealing itself. She became very anxious to try to do something to earn her living then and there : began to sketch and design cards and book-covers with her left hand, compose verses (some of which were really humorous), and to write rambling stories. The amount of material she executed in a few days was astonishing. At the same time she began to be suspicious about the woman who had charge of her, and became anxious for her moral reputation and that of the husband and outsiders. She began to suspect there were people outside speaking

about her and her friends. At the same time she told me she had an important communication to make to me. This she did on several occasions, always lapsing into violent fits of weeping, and the communication came to nothing. But one day she confided to me she had been leading a false life, that she had brought her illness upon herself, that it was not true she could not move her limbs, and so on. I professed to disbelieve her, and on that occasion did not ask her to move her limbs before me; but she made the same communication to the friend who was visiting her, and who had given me the above-mentioned facts, and before this friend she stood up and showed she had power both in her leg and arm. But she did not seem able to sustain this attitude; she became exhausted, and had to sit on her couch or lie on the bed. The arm and leg then resumed the former hemiplegic condition. She went through the same performance before me the next day or the day after, and I began to be hopeful. But the delusions above mentioned got more definite, and increased. She began to think she was a moral delinquent herself, and was pregnant. She became violent, could not be kept in bed, and tried to get out of the room. It was found necessary to remove her to an asylum under an urgency order, and she has been under restraint from that date (May 6th). I visited her once in the asylum about a month after, and have received reports concerning her from time to time. The reports show, in my opinion, considerable improvement. The medical officer of the asylum in which she is at present reports she is troublesome at times, cannot be trusted, and has suicidal tendencies. At an interview with a friend not long ago she was much quieter, talked reasonably, enquired for everybody known to her, confessed she was not always quite well-behaved, and wished very much her environment could be changed. She was aware everybody about her was mentally deranged except the nurses and medical men. She has quite recovered from the hemiplegia, and has put on flesh abundantly.

Remarks on psychological aspects.—The history of the case subsequent to the alteration of the mental state, does not clear up the pathology of the earlier condition, but an analysis of the mental state offers many suggestions towards an explanation, and illustrates several points in correlation suggested by preceding cases. The notion

may be dismissed that this was in any sense of the word a case of malingering. Whatever may have been the patient's volitional attitude as cause of the hemiplegia, there is no doubt that a true morbid state of the limbs having relation and sequence from the Rolandic area and pyramidal tract was induced from the onset of the symptoms, six weeks before she came under my observation. The first point calling for attention from the psychological side is the decided alteration in mental state which took place during the second stay at Hastings; the contrast between the former and the latter being a very marked contrast. The former state may be looked upon as a variety of volitional consciousness, the state between self and others being that of morbid sensitiveness and conscientiousness, having special reference to the detail of social and intimately personal life. A state of conscientiousness amounting to excess beyond the requirements of social or personal life, consists not of emotional consciousness in the sense of ideal presentation of self with emotional tone, but of volitional consciousness in which self as will is intensified, reserved, and controlled below the normal expression of the emotions, or freedom of action. In the experience of the above patient's friends a state of this kind was characteristic of her in daily life, since she reached adult life and before. It was during the course of this consciousness, or "habit of mind" as it might be termed, that the symptoms indicating brain lesion showed themselves. The latter state of consciousness associated with recovery from the hemiplegia was of a very different kind; instead of being volitional of the conscientious order it was fitful and accompanied with outbursts of inordinate emotion, and appeared as of the actively volitional kind. It began with distinct self-assertion and effort, so foreign to a morbidly conscientious person. The transition from one state to the other was not regular, or even continuous. But there is no doubt of the distinct alteration, and that a real hemiplegia came on during the former state, and was recovered from during the latter. In the light of the view of volitional consciousness as being localized in the bi-lateral and crossed motor area, these alternating states suggest an intimate causative relationship between a state of morbid volitional consciousness and volition and motor discharge. It is impossible not to conceive that such a

state of mind would carry with it a specially inhibitive influence over the motor areas, and being a form of self-consciousness it might carry with it a morbid craving for attention and sympathy to itself. Add to this the reduced vitality of the patient from influenza, anæmia, and over-anxiety in the discharge of her duties, due to her peculiar mental state, and we have furnished a clear foundation for the occurrence of the hemiplegia through interference with function and alteration of blood-supply. As a sequence of the above mental state occurring with other vital conditions, it is not necessary to conclude that the hemiplegic condition was voluntarily induced, but that it ensued as an ordinary sequence of morbid mental and physical conditions.

How then to account for the subsequent strange alteration in consciousness implicating previous action in producing the paralysis and stimulating recovery therefrom? In the course of the illness the lower organic processes were not silent or quiescent in their afferent influence upon the brain. Desire for life, especially in a young woman of twenty-four, will invariably reassert itself in some shape. The occurrence of this desire in the presence of complete exhaustion of the motor nervous system, and when the motive for being particularly conscientious no longer existed and was also exhausted, was probably the instigation for the new and alternate volitional consciousness. The second volitional consciousness arose in fits and starts amid bursts and storms of feeling. But it was a genuinely altered mental state, accompanied by memory and association of ideas and contemplated acts. This new consciousness being higher morally, was also able to observe the old in point of time and moral quality. Although the new in point of moral quality was anything but high, it was higher than the morbid state of the old. And thus the old looked false compared with the new, and self was identified with both. Thus it becomes conceivable that by effort the paralysed limbs could be reinvigorated. And thus it appears possible to hope that the patient's present mental state, although still accompanied with morbid feeling and some insane ideas, may be an improvement upon the old state, and if an adequate moral treatment is pursued it may issue in recovery.*

* At the time of correcting these notes for the press, I hear that the patient is on the point of being discharged cured from the Asylum.

MEETINGS.

BRITISH HOMŒOPATHIC CONGRESS.

THE DINNER.

The Members of Congress dined together at the Holborn Restaurant, at 7 o'clock ; the President, Dr. George Burford, in the Chair. There were a large number of visitors, ladies and gentlemen, among whom were Sir George Wyatt Truscott (Sheriff of the City of London) and Lady Truscott, Mr. and Mrs. H. J. T. Wood, Mr. J. P. Stilwell, J.P., and Mrs. Stilwell ; Mr. and Mrs. Burroughs, Mrs. Stephenson, and Dr. Erbe, Berlin.

The President, in rising to propose the first toast, was received with loud and prolonged applause. He said: Ladies and Gentlemen, I have the honour to propose as the first toast this evening the health of His Majesty the King. All over the world this evening the same loyal toast now is being proposed ; we ally ourselves in doing this with the sentiment that inspires all who belong to the great Empire on which the sun never sets. There are few more striking reflections than this, that over the wide surface of this planet, in regions that Cæsar never knew, this loyal sentiment is a bond of union of many races in many climes. (Applause.) Four short years ago we pledged in this place our fealty to the ever revered Victoria ; to-day it is to her son King Edward VII., that we express our loyalty, and, ladies and gentlemen, we have the most weighty reasons for doing so. In our reigning sovereign we have a King whose plan and whose effort it is in all possible quarters to ingermine the blessings of Peace. Time was when sovereigns made war and took an unwilling people with them. In these days the scene is changed : it is their subjects who provoke war, taking their unwilling monarchs with them. Happy are we when we find the great personal gifts and influence of King Edward repeatedly used for the preservation of peace. Carlyle's definition of King as "Kön-ning" "Able man,"—fitly describes the power of our constitutional monarch. We, more than the Romans ever did, enjoy the happy combination of *Imperium et Libertas*. That this pledge of loyalty is no idle pledge, I need not insist on ; men of the British Empire everywhere live and die for it. There are none, I hope, who can hear without a thrill of inspiration the story of the corps cut off in one of the South African wars, who died willingly, every man, singing "God save the King." Ladies and Gentlemen, I ask you to drink with your fellow

subjects all the world over the toast of His Majesty the King. (Applause.)

The toast was received with acclamation, and "God save the King" was sung.

The President: I have now to propose what is virtually the second part of this toast;—The health of Her Majesty the Queen, Their Royal Highnesses the Prince and Princess of Wales, and all the other Members of the Royal Family. Ladies and gentlemen, this reminds us that we have not only a reigning sovereign but also a reigning house, and this toast also pays due homage to that active and conspicuous part played by the Ladies of Royal blood in our national life. In Her Majesty the Queen we see a continuance of the traits which so endeared, from the human side, her late Majesty Queen Victoria to her subjects. There is no unfortunate part of the British people, however forlorn, whose condition does not excite the active sympathy of Her Majesty the Queen. The sick and afflicted in this land, and the dwellers in mean streets, these envoke the sympathetic desire to aid on the part of the Royal Lady, whose gracious acts have so endeared her to us. In H.R.H. the Prince of Wales we have a Prince on whose shoulders the responsibilities of Empire may one day sit; who has actively identified himself with one of the great services whose function is the defence of the Fatherland. In the Princess of Wales we have a Royal Lady for whom all good Homœopaths have a special and particular regard. On the foundation-stone of the London Homœopathic Hospital is inscribed the name of Her Royal Highness, together with that of her distinguished mother, the late Princess Mary Adelaide. The other Ladies of the Royal Family are well known for their many good works for the national benefit. We constantly feel the influence of their most excellent example to the ladies of the realm, so much so that if and when certain persons called politicians would lay violent hands on the House of Lords, we would at once cordially commend to these state builders the institution of a House of Ladies. (Laughter and Applause.) I have the honour to propose to you the health of H.M. the Queen, Their Royal Highnesses the Prince and Princess of Wales, and the rest of the Royal Family. (Applause.)

This toast was also received with acclamation.

The President: Gentlemen, those of you who are addicted to the noxious weed,—I have asked permission of the Ladies, and find that you are permitted to revert to your 16th Century practices. (Applause.)

Dr. Clifton Harris then gave an excellent Pianoforte Solo.

Dr. Byres Moir next rose to propose the memory of

Hahnemann. He said: Mr. President, Ladies and Gentlemen, the task that I have been given should be an easy one with a toast list before one on which is given the testimony of Richter: "Hahnemann, the extraordinary double-brain of Philosophy and erudition." (Applause). Anyone acquainted with Hahnemann's life and work should have no difficulty in speaking to such a toast; in this country Hahnemann is perhaps known better by the busts which you see in chemists' shop-windows over the globules with which his name is associated; but we have a different idea of Hahnemann when we ask you to drink to his memory. We think of him as a man, who in his own country led to the full that strenuous life of which we have lately heard so much. It is reported that when his father interfered with his studies by taking away his oil lamp on account of expense, the boy made another lamp of clay, and got his mother to give him the oil to enable him to continue his studies. That spirit of determination and resource was shown throughout his life until he died in Paris. In this country we do not realize the way in which Hahnemann was regarded in Germany; wherever he went in Germany he was surrounded by the greatest intellects in the land. In speaking to the memory of Hahnemann, I need not refer to the scientific part of medicine, our President referred to that so ably this morning. I would ask those who are not acquainted with what Hahnemann did to turn to his works. We owe a great deal to our old friend Dr. Dudgeon, who, I am sorry to find, is not here to-night; he has given us a full English translation of the lesser writings of Hahnemann, and if you turn there to the lectures entitled: *The Friend of Health*, I think you will find the most extraordinary instance of forethought in such matters ever shown in the medical profession. There is one letter entitled: "Letter to a Minister of Police," which deals with the prevention of the spread of fever, and I do not think there is a single precaution which we take at the present time which Hahnemann did not lay down. I have referred to this shortly before—it was written in 1788, and little was known at that time of prevention and isolation. The hospital was to be outside the town, sentries were to be put on guard to prevent interference, and those who visited the patients were to wear oil-skin coats, which were afterwards to be sprayed with vinegar; and further he recommended that the police should be paid about 5/- for every case of infectious disease reported. (Applause.) These are a few points upon which I do not think we have improved even at the present time. To-night we have with us one whom we can look upon as an authority, Lt. Col. Deane, who has volunteered for plague duty

three times, and has been rewarded with the Kaiser-I-Hind gold medal for his services. Part of his duty was to send in similar reports to the Indian Government on the prevention of plague, and I asked him, if he had not done so, to read this article and give me his opinion of it. Col. Deane had done so, and his conclusion is that it is quite up to date in everything. (Applause). When you find a man after a career like Hahnemann's, after a life's arduous work, surrounded by all the savants and all the brilliant intellects of Europe, I think you will not object to drink with me the toast of the memory of Hahnemann.

The toast was drunk in silence.

Dr. Hawkes (Ramsgate) then contributed a song, which was much applauded.

The President announced that he had received a telegram from Dr. Nankivell sending hearty congratulations to the Congress and deeply regretting his absence. Continuing, the President said he had very great pleasure in calling upon their old and well-tried friend Sir Geo. W. Truscott to give the next toast.

Sir George Wyatt Truscott said : Mr. President, Ladies and Gentlemen : Some few weeks ago I had occasion to ask an able and well-known member of the medical profession to come and see me professionally. After a careful diagnosis of my case, which I am glad to say was not particularly serious, he cautioned me that I must curtail my social engagements. I was not to go out so much in the evening, in fact, I was not to burn the candle at both ends. Of course I explained to him that it was exceedingly difficult to follow his advice, inasmuch as I had so many kind friends who were desirous of my attendance at various functions. However, I promised to do what I could in the direction he had indicated, and after a few more words he said : By the bye, I do wish your wife and yourself would come to the dinner of our Homœopathic Congress on July 1st. (Laughter.) Gentlemen, I thought the irony of the situation was splendid, and I made a mental note of it. But here we are, trusting in the efficacy of Homœopathy to get over the effects of this evening, and I may say that my wife and I are here with a great deal of pleasure. (Applause.) It is two years since I last had the pleasure of attending one of these Congress dinners, and I am sure we can all congratulate ourselves on the progress which Homœopathy has made during that period ; a progress which I know everyone here will agree with me is to no small extent due to the devotion which you, sir, have displayed in the cause. (Applause.) Now, sir, you ask me to-night to propose a toast which is designated "Homœopathic Institutions," and

I take it by that you would wish me to include the grand hospitals which have arisen throughout the country in connection with Homœopathy. (Applause.) Now, there are various aspects in which we can consider Homœopathic Institutions. There is the aspect which deals with their usefulness to the public ; there is another aspect which would deal with their usefulness to the profession. With regard to their usefulness to the public, and especially to our poorer brethren, I think it is undoubted, for how else would it be possible to deal with much of the serious disease with which you, sir, and your brethren in your grand profession have to deal, in the homes of the poorer classes. It is by treating the cases at the Hospitals that you are able to bring about those cures which, especially in Homœopathy, are so notable. (Applause). Then, sir, with regard to the aspect of their usefulness to the Medical profession, are they not the very nurseries of study and experiment ? I believe, sir, that the Medical profession and general public owe a great deal to the grand Institutions which adorn this country. I am glad to hear from you that the number of Homœopathic Hospitals is considerably on the increase, and that since Homœopathy has been making somewhat of a stir in the world, there have been seen new Hospitals rising in many large centres, notably at Tunbridge Wells and Bristol, and at Leicester ; and I am sure we all trust that they may have successful and useful careers. (Applause). Then we must not forget the Dispensaries, which are in some cases attached to the Hospitals and sometimes are separate Institutions. They are all doing a most useful work amongst the deserving poor, and I am sure that faith in Homœopathy amongst the poor is considerably on the increase. (Applause). It is very necessary that Homœopathic Hospitals should be well supported, seeing that we are entirely dependent on them for the cases connected with this section of Medical science, since the bigotry which still exists, I am sorry to say, among the other school of medicine, forbids the treatment of patients by Homœopathic methods in our general Hospitals. ("Shame"). We hope it may not be long distant when this prejudice will no longer exist, and when side by side the two treatments may be tested, and I believe that the result will be that Homœopathy will come out triumphant. (Applause). We must not forget in connection with Hospitals and kindred Institutions, that splendid volume of voluntary aid which is so marked a feature of it ; and I trust it may be a far-off day when the Hospitals of this country may be dependent upon the rates. I fear that were such the case, much of the humanity which now governs the treatment in their walls would be lost and killed. Sir, in this

connection too we ought to remember the devoted service of Boards of Management and Medical Officers and Nursing Staffs, and I give you with the greatest possible pleasure the toast which you have designated on your list "Homœopathic Institutions." (Applause). May I add that I have the great honour to associate with the toast the name of Mr. Stillwell, an old and valued friend of the Homœopathic cause and the able Chairman of the London Homœopathic Hospital Board of Management. (Applause).

Mr. J. P. Stillwell, J.P., who was received with loud applause, said: Mr. President, Ladies and Gentlemen,—I rise to thank you, in the first place for your kind invitation to me and Mrs. Stillwell to your festive board this evening, and secondly to return thanks for the Institutions which I, on this occasion, am so fortunate as to represent. (Hear, hear.) Naturally, the first thing I shall have to speak to you upon is the Hospital in Great Ormond Street: that, I look upon as the eye of homœopathy in England. (Applause.) It is the very centre of the efforts which we all make to establish homœopathy as one—and not only as one—but the principal system of medicine in the world. (Applause.) Homœopathy has this advantage over other systems, that whereas other systems, with their large doses and heroic methods, occasionally assist the patient, our medicines are purely helpful to recovery, and cannot have any disastrous effects whatever. (Applause.) As representative, and as chairman of the Board of Management of the London Homœopathic Hospital, I must put before you the position of that hospital, and I do so because I see around me men from every part of England, and I hope I may have amongst those who support our President on this occasion, gentlemen from Scotland, from Wales, and from Ireland. At all events I wish to tell you, that it may be known throughout the kingdom, that we are in need; that we are spending £3,000 a year more than our income, from our securities, representing gifts in times past to the hospital. Gentlemen, this cannot go on. We must either retrench our expenditure, which the Board have not made up their minds at the present time to do—(Hear, hear.)—or else we must go to the public—and that, you must remember, is the Homœopathic public, and not the general public—for increased contributions. Our invested funds, if the present depletion goes on, will last for three years. I wish everyone in this room to remember that three years is the life of the hospital under present conditions. Some great effort must be made. The Board will endeavour next year to make it, and there will be no want of energy on their part to tackle every means in their power to bring in a large sum

to make up for the depletions which have occurred up to the present time on our reserve. It is hardly necessary to remark that we hope some day to extend the Hospital to the corner of the street, that is to say, that our frontage to Great Ormond Street is to run on to Queen Square. (Applause.) That is a thing we have in the future to set ourselves to do. It will require something like £80,000, and we cannot at the present time enter upon anything of the kind. We believe in aggressive homœopathy—and that is what I trust you all believe in—aggressive as against other branches of the medical profession, and that we shall in that way bring into our net numbers of fishes that at present go in other directions. It is most necessary that we should exert ourselves at the present time, because there is no other home for homœopathy, and the ostracism forced upon us by the other wing of the profession produces that aggressive position. If the allopath, as a Russian, comes down upon the homœopath, as a Japanese, what is the Japanese to do but what he has done. (Applause.) He must fight. I cannot understand any person having any other view of homœopathy. (Applause.) Now, in our out-patient department at the hospital we have something like 23,000 patients passing through—it was nearer 24,000 last year. Those figures will show you the magnitude of the work we carry out. There were 15,973 medical patients, and 7,976 surgical cases. In the beds in the hospital there were 1,145 patients, and this shows what the hospital has done for the poor, for the sick, and for the afflicted, in the year ending December 31st last. The grand total of persons helped and assisted by the hospital from its foundation is 478,029 souls. (Applause.) That, Mr. President, shows, I apprehend, the relief of a great deal of suffering, and the statistics of the hospital show that of the 478,000 dealt with, more than one half of them have been relieved from suffering, and have been cured. (Applause.) One third of the remainder have been helped and benefited, and only one twentieth part of those—say five in the hundred—died in the hospital. And you must remember that we take in patients who have been despaired of in other hospitals, and we have cured many of them. (Applause.) Yet some are beyond the help even of homœopathy. There is one thing we want. We have a very nice home at Eastbourne, but it is for women and children only. We hope some day to get a home for men, whether it is there or elsewhere; wherever it may happen to be, we want a home where we can send men who have been brought round by medicinal treatment in our hospital, but who want just about three weeks or so of fresh air by the seaside to effect their complete recovery. That is a thing we want to do, but we do

not see our way to do it. I tell you this to show you what necessity there is for everyone to energize himself in bringing forward the necessary wants of our hospital. We want more homœopathic practitioners. Can anyone bring more students to our hospital? We have now, fortunately, a medical school; we are anxious that the world should have the advantage of that medical school. (Applause.) Great progress is, I hope, to be made in the future in consequence of that school, which has largely been organized, and is under the auspices of the British Homœopathic Association. I am proud to say I represent that also, this evening, quite as much as I do the hospital, as they too have honoured me by placing me in the Chair. (Applause.) Now, if there are any non-medical homœopaths in this room—I am one myself—I would say to those laymen—if I may use the word in this connection—that they should make homœopathy known to their friends, interest their friends in the work of the hospital, and in the work of the Association, and they should also make known the very latest evolution of homœopathy, the Ladies' Guild. (Applause.) No more useful outcome has been heard of for some time than that. We have now a guild at Hampstead—or rather a branch of the guild—and that branch has 107 members—I am speaking of the members on December 31st last, they may probably be larger now—at Finchley and Muswell Hill there is a branch with 66 members, at Streatham and Denmark Hill with 40, at Kensington 48, Crouch End 30, Bloomsbury 102, South Kensington 120; in all 413 ladies who give their time, their energy, their persuasive powers, and everything which a lady is able to bring to bear upon the advancement of homœopathy. (Applause.) I will not say anything more on this subject to-night; but I would return hearty thanks to those who have drunk to the toast, and to Sir George Truscott, for proposing it so kindly and sympathetically. (Applause.)

Here a song was given by Mr. Dudley Wright, with concertina obligato by Dr. Blackley, and received with applause.

Dr. Hayle was called upon for the next toast, that of "Homœopathic Literature." He said:—Mr. President, Ladies and Gentlemen,—I feel greatly honoured in having been asked to propose this toast, but I cannot pretend it has not upset me very much indeed. Yesterday morning, when I received a post card from Dr. Dyce Brown—one of the Congress post-cards—it took away my appetite for breakfast, and when seeing a patient in the consulting room after breakfast, I found myself looking at the *Homœopathic World*, which had just come, and counting her pulse for several minutes, and not knowing what it was at the end. (Laughter.) I do not know

what the lady thought of me, at any rate I will do my best to propose this toast. (Applause.) I do not know why I have been chosen for the duty, because I hardly have time to read any literature at all. I think I am the greatest sinner here in that respect. I take in the *Journal*, and Dr. Clarke's *World*, and the *Review*, but I am afraid there are a great many pages of the *Review* uncut still. (Laughter.) Dr. Clarke has his leaves cut (Laughter), I think the *Journal* has also, and it is a great saving of effort. (Renewed laughter.) I only know one sinner greater than myself, and that is my partner. Still, we ought to read the literature produced, and I am very sorry I do not. I try to manage to do so, and when I do I derive great benefit from it. (Applause.) I have read articles in the *Journal*, and received great benefit; they are right down good articles, and show the original work of the members of the Society. The *Review* is rather solid, but there are some sound papers in it. Dr. Clarke's paper, the *World*, is more for the homœopathic public than for the profession, though there are in it a number of good professional articles also; I was reading one of them on my way up yesterday. The *Journal* gives us the debates of Homœopathic Societies, and publishes original work by members of the profession; the *Review* contains an epitome of all that is going on, and the *World* caters for the homœopathic public. I think if we keep that in view in producing our literature it will be a good thing. I should like to see a lot more in the *Review* than there is. I do not mind if it comes out only every three months instead of every month, that would give us more time for reading. I think it would be far better to have longer time to prepare the *Review*, and make the matter better, and give us all longer time to read it. Those weekly medical papers are terrible things—they come in so fast you have not time to open one before there is another there, and it is atrocious with the amount of work one has to do. Take my case. I begin at nine and end at eleven, and I see about twenty-eight to thirty patients a day; at three an hour that means ten hours medical work, besides meals. What time have I to read? An hour, between 11 and 12; sometimes I am too tired, and sometimes I read. There is another division of Homœopathic literature which ought not to be left out, and that is the makers of books. (Applause.) We have lost our great man in that respect, Dr. Hughes; he made some splendid books, which showed forth the truths of homœopathy, as no other member has done. (Applause.) Still, we have not lost all our men who make books. Dr. Clarke, he has brought out a rather big book. (Hear, hear.) I have made no mention of America—it turns out a tremendous amount of stuff, and far too much to read. I think there

ought to be a periodical at certain times to appeal to the public, and to set forth the results of homœopathy, such as we have heard in Dr. Moir's paper to-day, to show that homœopathy is doing magnificent work in England. Gentlemen, I have great pleasure in proposing the toast of "Homœopathic Literature." (Applause.)

Dr. Clarke, in replying to the toast said: Mr. President, Ladies and Gentlemen: I am extremely obliged to you for the cordial way in which you have received my name, and I beg to thank you on behalf of my colleagues of the literary caste, and for myself, for the toast you have drunk. Artemus Ward—or a relative of his—once said: "Literatoor is low," and I think our friend Dr. Hayle is somewhat of the same opinion. (Laughter.) But from the way you have received the toast, I rather gather that you are not quite of the same mind. Dr. Hayle referred for the most part to journalistic literature, which is in the highest degree important to the Homœopathic profession. Homœopathy could not do without a literature. It is quite possible to prescribe brimstone and treacle, castor oil, and blue pill and black draught without any literature, but I defy anyone to practise Homœopathy as Homœopathy ought to be practised without a literature, and without constant reference to that literature. (Hear hear.) The whole business of Homœopathic literature is to make the healing of the sick, by medicine, more easy and more possible than it would otherwise be. From the day when Hahnemann first proved *Cinchona Bark*, the literature of Homœopathy commenced. Homœopathy went on growing from that time, as the other provings of Hahnemann and his contemporaries were added. These he put together in his masterly way, and the first organic work of that literature was the *Materia Medica pura*. The second was the no less important work on "Chronic Diseases." These two mighty works form the foundation of the Homœopathic Literature of to-day; these two works are of vital importance in the present day practice of Homœopathy. It is a fact, sir, that in Homœopathy, not a single piece of good work, however small, can ever be lost. (Applause.) Other mighty works have been added to Hahnemann's works, and among these may be mentioned the work of Franz Stapf in his "Additions to the Homœopathic Materia Medica." Next in importance to Hahnemann's works, comes the immortal work of Timothy Field Allen, who gathered together all that had been done up to his time in the provings of remedies, with poisonings. He put together in his ten volumes, all the pathogenetic work in Homœopathic Materia Medica which had been recorded up to his time. The second greatest work is that of Constantine Hering, and no

name is greater than his in Homœopathy after the name of Hahnemann himself. Throughout his long life, Hering built up many remedies by provings on himself; he was a great sensitive, and proved numbers of remedies. His greatest work is, perhaps, the proving of *Apis*, but hardly second is his proving of *Lachesis*. The story of the *Lachesis* proving is paralleled by no piece of therapeutic investigation throughout the whole world. These two men, Allen and Hering, have done more for the literature of Homœopathy than any other men since Hahnemann. The work of Hering was, in a great measure, a commentary on the pathogenesis, that is to say, the effect of drug provings and drug poisonings. Hering collected the essential features of all the work done in Homœopathic literature, and put it into the same shape that Hahnemann had put his work, and Hering's ten volumes stand a monument that will last for ever. These two workers gathered all that had been done in Homœopathy up to their time, but since their day, an immense amount of work has accumulated that no man had attempted to put together until I prepared those three volumes which Dr. Hayle has heard of—(Laughter)—but does not appear to have seen. Whether he has or not, they exist. I may say that for nearly twenty years I have been editing the *Homœopathic World*, and in the course of my work nearly the whole literature of Homœopathy has passed through my hands. I am not going to claim any credit to myself for what I have done, because the real motive of my work, as I have frequently explained, was sheer indolence. I wanted to have the material made easy for my reference. Valuable matter was scattered about in books and journals, and I could not get at it without much trouble, and in order to remedy that, I compiled the three volumes, and now I can do my work in half the time it used to take me before. The whole aim and object of Homœopathic literature is to make Homœopathy possible, because Homœopathy is a terribly hard matter to practise as it should be practised. (Hear hear.) I remember meeting at dinner a good many years ago, a youth who was studying medicine at one of the London schools. His mother was a very clever lay Homœopath, residing in the West Indies. When he came over to this country to study medicine, he wanted to know what he was to practise, and his mother, who knew him very well, said: "It is no use you trying to practise Homœopathy, you are not clever enough." (Laughter.) That was a fact, and he does not practise Homœopathy! The real fact of the matter is, it takes a great deal more brains to practise Homœopathy than it does to practise Allopathy. (Applause.) I never object to a man saying he does not practise Homœopathy, because it is too difficult; what I object to

is their saying there is nothing in it, and therefore they do not practise it. Of course it is so much easier to deny that there is anything in it, than it is to study and practise it. (Applause.) You may believe in Homœopathy as much as ever you like, but you cannot practise it without a great deal of trouble. The whole aim of the workers in Homœopathic literature is to make that practice possible. The tendency of Homœopathy is to out-grow its bounds to such an extent that you cannot get round it all. Well, it is possible to do this, but there are many things that require to be done, and in the course of the next thirty years I hope to be able to do something more towards making it accessible to anyone of average ability; and I look forward with a great deal of pleasure to the time when, retired to the inner spheres of observation, I shall watch the students of the London University studying these three volumes of mine, and the professors plucking those dunces who have not mastered their contents. (Laughter.) Ladies and Gentlemen, I thank you for so cordially receiving this toast. (Applause.) A Song was then given by Dr. Hawkes, J.P., which elicited much applause.

Dr. George Clifton, J.P. gave the next toast, that of "the Visitors." He said: Mr. President, Ladies and Gentlemen: I think perhaps to the Homœopathic fraternity, this is the most important toast this evening. We are indebted to the Homœopathic public at large which you so ably represent, and our friends, for what has been done by such gentlemen as Sir George Truscott and his friend, the Chairman of the Homœopathic Hospital. We poor medical men in the country have not such friends around us. We have perhaps a little manufacturer whose wife is a Homœopath, while he is an Allopath, and it is a very difficult matter for us to collect from them, a sovereign once a year (Shame) towards our Homœopathic Hospitals and dispensaries. Still I feel that all such people are useful to us in the way in which they represent Homœopathy. I should like to go back to the old days of thirty years ago, when every Homœopathic home had its Homœopathic medicine chest; when they taught themselves, not only through their own doctors, but by their simple practice, in their own domestic circle, what Homœopathy was. I believe our medical men at the present time are at fault for not teaching Homœopathy in the families of their patients. Let them know what every remedy is, its action, and what they may expect from it, and I am sure that it will tend more to the spread of Homœopathy. (Applause.) I should like to mention two ladies, who are here present, and who have done much for the British Homœopathic Association, an Association which I believe is doing an enormous work in bringing the public to understand more the truth

of Homœopathy. I refer especially to Mrs. Wood and Mrs. Stephenson. (Applause.) Would these ladies, when they have finished missionary work in London, start out and take each town, in the way the Salvation Army does, and come and convert the people in the country to Homœopathy? I want that Association to enlarge its bounds, I want you to come down, holding drawing-room meetings, &c., and tell the people what you are doing in London; and I am sure if that was done, Homœopathy would go on spreading. *It is going to spread.* (Applause.) In our little place we have started a Hospital for six beds. The Allopaths are now trying to raise £4,000 to put up a Cottage Hospital. We have taught them something, for ours is always full and their's is not. (Applause.) I am sure the members of the Congress are delighted to see the guests. (Hear hear.) We have been honoured in past years by medical men, ladies and gentlemen, both from America, Norway, Spain, Germany, France, and Italy, and the Colonies, and we have with us this evening, Dr. Erbe, from Germany. (Applause.) I am sure we all feel delighted to see our confrères from wherever they come. May they come often; the more often they come, the more glad we shall be to see them. (Applause.) I have the greatest pleasure in proposing this toast, and coupling with it, the name of Mr. H. J. T. Wood. (Applause.)

Mr. H. J. T. Wood : Mr. President, Ladies, and Gentlemen. I am thankful to say that the postcard which was sent me did not affect me as Dr. Hayle was affected, and that since yesterday morning I have enjoyed my meals immensely. Now, when I asked myself why my name was coupled with this toast, when you have so many distinguished visitors, I found that I had been chosen as the awful example. I hold, I believe, a unique position in this assembly, being an Allopath. I am an Allopath, in spite of the excellent results of Homœopathic treatment skilfully administered, as I have seen it in my own home. In spite of the Homœopathic treatment in my mother's home, in spite of the benefits from globules self-administered, I still continue to remain an Allopath. But there are many ways of expressing gratitude. I will tell you one. A doctor—I do not know whether he was a Homœopath or an Allopath, but I think he was a Homœopath—went to India to try to find a cure for snake bite. He found a rattlesnake grievously wounded, and thinking that if he were kind to the snake it might be kind to him in return, he bound up the reptile's wounds, and cured it. The rattle-snake became thoroughly attached to him, and followed him about like a dog. When, after a long absence, he returned home, his wife said—"What is that

horrid creature you have brought with you?" and he replied, "It is a tame snake." She said, "It must go into the kitchen," and into the kitchen it went. In the middle of the night the house was awakened by a fearful noise, and they went to see what had happened, and found it was the snake expressing his gratitude. It had fast hold of a burglar, while it had put its tail out of the window and was rattling for the police. (Laughter). Well, gentlemen, I do not know how to express my gratitude, my vicarious gratitude, for Homœopathy, but I do thank you very heartily, on behalf of the visitors present, for the excellent entertainment given to us to-night. (Applause).

Dr. Erbe (Berlin) also expressed his thanks in words none the less warm, because they had a strong German accent. He had, he said, visited America, he had travelled in many countries, and everywhere he had made friends, but nowhere had he met with such friends as his London colleagues and members of the high profession of medicine. He paid a high tribute to the work of the London Homœopathic Hospital, and said he hoped many of his friends here might have the opportunity of visiting him in Berlin; he would do his best to return all the kindness which he had received in England, and he was convinced that his colleagues would second his efforts, so that they would come back to England with the same good opinion with which he was returning to his home. (Applause). His wishes for them were simple—he wished for them that all their intentions might be fulfilled, he wished them the highest success, he wished them the best wish a physician could have for a brother practitioner, he wished them happiness in their profession—the highest a man ever took up. (Applause).

Here a song was given by Dr. Dudley Wright, which was much applauded.

Dr. Percy Wilde was entrusted with the final toast. He said:—Mr. President, Ladies and Gentlemen,—I came to this Congress expecting to enjoy it more than any Congress I have attended for some years; for I was not going to read a paper, nor was I expecting to make a speech. Now I have been informed that I have to propose the health of "the Congress Officials and Contributors of Papers." I take this as rather a misfortune as well as a very great compliment, but my misfortune is not so great as yours, because this toast was to have been proposed by our old and venerated friend, Dr. Dudgeon. (Applause.) I felt, when I arrived at the Homœopathic Hospital this morning, and I met Dr. Dudgeon, that this Congress would have the light of his countenance, and would maintain the traditions of homœopathy, because it does not seem to me—indeed it cannot to any of us—a proper Congress

unless certain members are present—amongst these I would mention Dr. Dudgeon, and Dr. A. Clifton—(Applause) and I do not think we could call it a proper Congress unless we saw at the bottom of the circular convening it the name of Dr. Dyce Brown. (Applause.) We have grown up to these things, and there are those amongst us who are most anxious to make new departures—to increase the progress of homœopathy, and it is nice to feel that the senior members of the profession always encourage every effort we may make. It is a great satisfaction to all of us that at this present Congress we have Dr. Burford for our president. (Applause.) We all know that Dr. Burford is an exceptionally busy professional man, but in spite of all that, he has found time not merely to act as President of this Congress, but also to give us one of the most useful philosophical papers we have ever listened to. (Applause.) He has been at the head and front of all the great progress which is being made in the homœopathic school at the present time. (Applause.) There are few of us who could attempt to vie with Dr. Burford as president, for we have not his ability, we have not his fluency of speech; but there is one thing, I think, in which we might all try and compete with him, and that is his spirit of self-sacrifice. (Applause.) I am one of those who feel quite ashamed that I have not been able to do more, when a busy man like our President can devote so much time to the cause. If we would only imitate our president, the future of homœopathy will be well assured. (Applause.) I need hardly mention the names of those who have also contributed to the success of this Congress. Our secretary, Dr. Dyce Brown (Applause), has shown such interest in this Congress for so many years, I forget how many, and by his urbanity and kindness of spirit has made everything go smoothly for us all. (Applause.) Another feature of this Congress has been the practical feature of the papers contributed to us. We had, this morning, most able papers from Dr. Capper, Dr. Byres Moir, and Dr. Day. These papers were distinguished for their practical and clinical interest, they are papers which we shall all look at again, and they will become standard works of reference on the subject with which they deal. I need not detain you by many words, but I would ask you to drink, as I know you will do, with all enthusiasm, to the Congress Officials and the Contributors of Papers. (Applause.)

The President : Ladies and Gentlemen,—I regret I have not for your delectation any such striking and brilliant impromptus as have been presented to you by some of the earlier speakers of this evening. You remember Mark Twain's description of an impromptu—it is a speech carefully prepared and carefully

revised, worked out with a considerable expenditure of midnight oil, and then before you utter it you hand a certified copy to the reporters. (Laughter). Now, I have no such impromptu to feed the reporter with. Well, we are very gratified that it has been a successful Congress, successful from every point of view, for the brilliant and illuminating professional papers read in the Congress, and, on the other hand, successful because of the brilliant assembly this evening. The work of the Congress official is a double duty; it is to satisfy the various intellectual needs of a professional body, and also to provide those social amenities of which we have such a splendid example to-night. We are very much obliged that you should have so appreciated our virtues and overlooked our faults. The ease with which the Congress business has been transacted to-day very much depends on the care and wisdom the officials have manifested beforehand; and one thing the Congress may be sure of, it cannot be served by a more enthusiastic and capable body of men at any time than those who have had the arrangements for the present Congress, and my only regret is that for some reason or other we cannot make it eke out to a double event. But I look forward to a Congress in the not far distant future that will sit for two days. I have to express my personal thanks, and the thanks of my colleagues, for the very kind way in which you have drunk our health. (Applause).

Dr. Dyce Brown was also called upon to respond, and rose amid applause. He said: Ladies and Gentlemen,—I will not detain you two minutes, but I must thank you very heartily for the kind way in which you have drunk our health, and also Dr. Wilde for the very kind manner in which he has spoken of us all, and of me in particular. (Applause). I am sure I speak for all my colleagues—Dr. Madden, treasurer; Mr. Knox Shaw, the local secretary; the members of the Council, Drs. Johnstone, Byres Moir, Neatby, and Dudley Wright—in saying that all we do for the success of the Congress we do with the greatest of pleasure; we are “your most obedient servants.” (Applause). If we succeed in making the Congress a success, it gives us great satisfaction to do it. (Applause). Dr. Wilde has said I have been many years secretary of the Congress—I have been for 23 years your hon. secretary—and the little work that has to be done is a very great pleasure to me. (Applause). If the members of Congress think it has been a success, we have had our reward. I thank you very much for the way you have received the toast. (Applause).

Dr. Harris then performed a pianoforte solo, and the proceedings closed with the singing of “Auld Lang Syne.”

NOTABILIA.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE American Institute of Homœopathy held its Sixtieth Annual Session at Niagara Falls from June 20th to 25th, under the Presidency of Dr. John P. Sutherland of Boston. The meeting, we understand, was a very successful one, though the numbers present were less than was anticipated. A very important feature in the proceedings was the establishment of a Bureau of Drug Proving, and that the careful and elaborative method recommended by Dr. H. P. Bellows be followed. The special committee on drug proving was transformed into trustees of the "Institute of Drug Proving of the American Institute of Homœopathy," which will be incorporated, and have power to receive and expend such money as is entrusted to it, and to be custodians of all manuscripts upon the subject. Over \$11,000 was raised upon the spot for this work. A resolution was adopted that State Societies be urged to co-operate with the Institute in this work of drug proving, the money to stay with the State Society until needed. The trustees will elect their own officers. We wish every success to this most important scheme, and shall look with interest to the results. For the details of the plan which we have given we are indebted to our esteemed contemporary, the *North American Journal of Homœopathy* for July.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

IN our leading article of last month on the British Homœopathic Congress, we stated that the International Congress was due to be held in 1905, but that having heard nothing of any arrangements for it, we intended to hold our British Congress in 1905 as announced.

On July 27th, however, Mr. Knox Shaw kindly invited a number of his colleagues to dinner to meet Dr. Sutherland, of Boston, the President of the American Institute of Homœopathy, and to discuss the arrangements for the International Congress. The gathering round Mr. Shaw's hospitable table was representative of the British Congress, the British Homœopathic Society, and the Homœopathic journals.

Dr. Sutherland stated that at the recent meeting of the American Institute of Homœopathy, it was resolved that 1906 was a more suitable year for America than 1905, and that the International Congress should accordingly be held

then, and a committee was appointed to carry out the necessary arrangements, with Dr. J. H. McLelland of Pittsburg as chairman. Dr. Sutherland proposed that, as we had lost by death the Permanent Secretary of the International Congress, the late lamented Dr. Richard Hughes, the British Homœopaths should take steps to co-operate with the American Committee. All present unanimously agreed that this should be done, and Mr. Knox Shaw was also unanimously appointed the Secretary for Great Britain and the European Continent, and requested to communicate with Dr. McLelland.

The date of meeting was then discussed. It was pointed out that the American Institute always met in June, and the previous International Congresses when held in America were also held in June, as being the most convenient time of year for our American colleagues, but that this month was a hopeless one for the large majority of British homœopaths, and that if June were decided on, the numbers of our British colleagues who could be present would be very small indeed. With Dr. Sutherland's approval, Mr. Knox Shaw was requested to ascertain whether our American colleagues would not agree on this occasion to the congress being held in September instead of June.

Dr. Sutherland, whom all present were delighted to have the pleasure of meeting, said that in all probability Atlantic City would be selected as the place of meeting. This is one of the best-known and most fashionable sea-side resorts in the United States, and is less than four hours by rail from New York or Philadelphia.

We sincerely trust that the arrangements will be satisfactorily carried out, so as to enable a large and representative Congress—thoroughly International—to be held in 1906.

THE MORTALITY AT MÜLLER'S ORPHAN HOMES.

In a very interesting annual report of the well-known Orphan Homes, at Ashley Down, Clifton, Bristol, founded by the late Mr. George Müller, published in the *Western Daily Press*, of July 22nd, we find the following:—

“Of the 2,158 children in the orphanage during the year, eight died—a remarkably small number, being little more than one out of 300. Considering the facts that children are received from early infancy, and often, the children of parents of weak and even diseased constitutions, the goodness of God in continuing such a low rate of mortality is, indeed, to be admired.”

The Houses are under the medical care of our colleague, Dr. Osmond Bodman, and before his appointment were for many years under the care of our venerable *contrère* Dr. Eubulus Williams till he retired from failing health.

HOMŒOPATHIC PRACTICE IN TAUNTON.

WE are requested to state on very good authority that there is an excellent opening for a homœopathic practitioner in Taunton, Somersetshire. Mr. S. Walgate, of Messrs. Leath & Ross, 58, Duke Street, Grosvenor Square, W., will be happy to give any information on application.

THE SUMMER POST-GRADUATE COURSE AT THE LONDON HOMŒOPATHIC HOSPITAL.

WE have pleasure in extracting from the *Medical Century* of April the following gratifying and friendly notice of the Post-Graduate Course which was given at the London Homœopathic Hospital during May, June, and July of this year, and we thank our esteemed contemporary for it. Such notices help much to promote the friendly feeling which exists between ourselves and our colleagues across the water.

"LONDON POST-GRADUATE COURSE IN HOMŒOPATHY.

There are large numbers of our American physicians who spend their vacations abroad doing clinical and research work. Already we have commenced to make the annual changes in our mailing list for some who are going, and we expect to do so, as is customary, for several months yet. Our friends show good judgment in not wishing to be without the *Medical Century* during their absence. It will interest those contemplating an European trip to know that the London Homœopathic Hospital, which has unexcelled clinical facilities, has started the only homœopathic post-graduate course in Europe. It will run through the months of May, June, and July. Any one may attend the whole or part of the course, and with as much benefit as can be had in any other London institution; in fact, more, for here one can see the application of homœopathy as well. We trust that our friends who cross the ocean this summer will call at this hospital, which is a fine one, attend the courses given as far as possible, and write up the same for the *Medical Century*, for our American physicians are much interested in the struggle homœopathy is having in countries where the laws are in the hands of the enemy, and where might is right."

ADRENALIN CHLORIDE SOLUTION AND
TACHYCARDIA.

IN a clinical lecture on Paroxysmal Tachycardia, delivered at the Liverpool Royal Infirmary, by James Barr, M.D., etc., Senior Physician to the Liverpool Royal Infirmary, and Lecturer on Clinical Medicine at Liverpool University, and reported in the *British Medical Journal* of July 18th, we have the following account of a proving by mistake.

"Quite recently I inadvertently induced a very severe attack of paroxysmal tachycardia in a boy who previously never had any disturbance of the kind. As you are aware, for some time I have been injecting adrenalin chloride solution into the serous cavities to check effusion, and lately I have been trying to find out the maximum dose for each cavity. This little fellow whom I now exhibit is suffering from very large amyloid liver and spleen, and lately, after siphoning off a large collection of ascitic fluid, I injected 10 c.cm. of adrenalin chloride solution 1 in 1,000. This did not seem to have any immediate effect on the circulation, and unfortunately, without waiting a sufficient length of time, I injected 8 c.cm. more of the solution. These 18 c.cm. contracted all the arterioles of the arterial tree, perhaps more especially those of the splanchnic area; the general arterial blood pressure rose, the heart started off at a gallop, and in a few minutes its beats numbered about 200 in the minute. There was no dyspnoea, but the cardiac distress was great, and the little fellow said he was dying. He was freely treated with amyl nitrite, nitro-glycerine, and atropine. Dr. Hay and Dr. Hunt watched him for two hours, and by that time the attack had passed away.

I cannot tell you in millimetres of mercury what the blood pressure was, as at the time I was otherwise occupied, but I can tell you that his little heart was taxed to its utmost capacity. In a case of tachycardia thus induced no one, I presume not even Dr. Mackenzie, would consider it an "absurdity" if Dr. Oliver's instrument had been used and had shown a raised pressure."

This proving by mistake is very interesting and important to homœopaths. The treatment of tachycardia is always difficult, and sometimes disappointing. We are therefore glad to have a new addition to our *armamentarium* in combating this disease. There can be no doubt that the adrenalin was the cause of this artificial tachycardia, and its power thus proved to produce such a condition is a very important therapeutic fact. We would suggest its use in minute doses in such cases, and we should be glad to report any cases of

tachycardia, in which it has been used successfully or otherwise. The advantage of having such a law as that of similars is here well shown, as we can at once tell from the provings what to expect from it beforehand in the way of cure of a similar state.

REMEDIES THAT WILL ABORT SUPPURATIVE TONSILLITIS.

IN the *Chironian* is published a short paper by Dr. M. W. Van Denburg, dealing with the three remedies which have really shown, in the experience of the narrator, an abortive influence upon parenchymatous or suppurative tonsillitis. The *Chironian* is a college journal that might serve as an admirable example of how interesting and useful the small college publications may become, if the efforts of the student body are backed up by the alumni of the institutions. Dr. Van Denburg gives three remedies: *Gelsemium*, *baryta muriatica*, and *silica*; and these three, he says, will actually abort the disease under consideration. He differentiates these remedies in the following manner:—

Gelsemium.—Patient has an initial chill. Seldom has a severe shaking chill, but wishes to cover up and sit by the fire. With the chilliness there is severe frontal and general headache, aching of the entire body and limbs—of the loins especially, more or less fever follows, pains are then increased, little thirst, large, soft slow pulse. Great prostration and disinclination to make any effort. A painful spot appears deep within the tonsil, which hurts out of all proportion on swallowing. The throat appears red and is inflamed. The pain streaks into the ear on swallowing. The progress of the disease is rapid. *Gelsemium* 2x is the remedy, and, if begun during the chilly stage, should abort the whole trouble in twenty-four hours.

Baryta carbonica or *baryta muriatica*.—The chill is seldom present, and the fever is only slight. The headache is moderate and the bodily discomforts are absent. The progress of the disease is slow, and the streaking pains into the ear when swallowing are severe, but not so severe as in *gelsemium*. The 3x should establish convalescence in twelve hours.

Silica.—When there is severe pricking as of a pin at one definite point within the tonsil. This different from the large, sore, exceedingly painful tonsil of *gelsemium*, or from the moderately, but persistently, sore tonsil of *baryta*. In each remedy the pain shoots to the ear when the patient swallows.—*Hahnemannian Monthly*, March.

OBITUARY.

FREDERIC FLINT, M.D.

WE much regret to have to announce the death of Dr. Frederic Flint, of Scarborough, which occurred, after a long illness, on the 25th of July. We only received intimation of this sad event on the 27th of July, too late for notice in our August issue. Dr. Flint was born in 1842, and thus was only 62 years of age at his death. He was born in Canterbury, where his father owned an extensive brewery. He was educated at Warneford School, and King's College. He took his M.R.C.S. Eng. in 1866, and his M.D. and C.M. at the University of Aberdeen in 1870. He at first practised in Norwich, but removed to Scarborough about thirty years ago, to succeed Dr. Simpson Craig, where he had a large practice till the early part of this year, when failing health obliged him to give up work. About seventeen years ago he took Dr. Alfred Ross into partnership, and he was under Dr. Ross' care during his illness. Dr. Flint was always of a quiet, unobtrusive nature, but those who knew what lay below this quiet, almost shy manner, valued him greatly as a successful practitioner, and loved him as a true friend. He did not contribute much to literature, but a very able paper on Aneurism and its homœopathic treatment, and a somewhat similar contribution on the same subject to the *Practitioner*, showed how careful and thoughtful an observer he was, and it was owing largely to his work on Aneurism, and his bringing into the notice of his colleagues the value of baryta muristica in aneurism, that this remedy has become so well-known in homœopathic practice, and also in that of the old school. His accurate observations, and his success in the treatment of these cases, several of which he related, have been amply confirmed by all subsequent physicians and surgeons. To have done nothing but this would be a feather in any man's cap.

Dr. Flint was a truly religious man of the noblest type. His work in connection with church and philanthropic objects is so well put in the *Scarborough Evening News* of July 26th, the day after his death, that we extract it with pleasure.

"He was a convinced and earnest Congregationalist, and began his association with Bar Church in 1874. The following year he became a deacon, retaining that office up to the time of his death, a period of twenty-nine years. Dr. Flint took a very active and sympathetic part in the work and services of the church. Excepting when out of town, or called away by the demands of his profession, he was always in his place

at the Sabbath services, at the Monday night prayer meeting, and the mid-week service on Wednesday night. He was deeply interested in the work of foreign missions, and has for years been a generous and earnest supporter of the London Missionary Society. Indeed, all the institutions of the town, philanthropic and religious, had in Dr. Flint a sincere friend, especially the Town Mission and the British and Foreign Bible Society, whilst he was devoted to the promotion of the principles of total abstinence. Whilst a well-wisher of all Christian churches in the town, that at Bar had in him a specially warm-hearted adherent, and he was a close friend of the present pastor (Rev. Frederick Hall), with whom he has been intimately associated during the whole of his ministry in the town. Bar Church has lost in Dr. Flint a kind and helpful friend, and as a townsman his kindly useful presence will be missed. Dr. Flint took no prominent part in the political or municipal life of the borough, but he had many close friends, who mourn his loss."

Dr. Flint leaves a widow and nine children, three sons and six daughters, with whom we express our deep sympathy in their great loss.

CORRESPONDENCE.

DR. BURFORD'S ADDRESS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRs,—I have observed with some surprise that Dr. Burford in his interesting Presidential address translates "*Similia Similibus Curentur*" by the words "likes tend to be cured by likes." Not many weeks ago a lecturer at the L. H. H. gave the rendering, "*likes may be cured by likes.*" I hope they will both excuse me if I venture to point out, in the interests of a dead language, that neither of these renderings is admissible, and that the real meaning of the words is "*Let likes be cured [or treated] by likes.*" Otherwise put, the words convey a command or exhortation, and not the statement of a possibility or tendency.

Yours faithfully,

T. MILLER NEATBY,

M.A. Cantab, M.A. Lond.

London Homœopathic Hospital,
Great Ormond St., W.C.,
August 12th, 1904.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE's Address is Holmleigh, 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. ROBERSON DAY and Mr. MILLER NEATBY (London); Dr. E. CAPPER (Leicester); Messrs. LEATH & ROSS (London).

BOOKS RECEIVED.

Presidential Address, American Institute of Homœopathy. By J. P. Sutherland, M.D. *The Homœopathic World*, August. *The Journal of the British Homœopathic Society*, July. *The Vaccination Inquirer*, August. *The Calcutta Journal of Homœopathy*, March. *The Indian Homœopathic Review*, July. *Scarborough Evening News*, July 26. *The Homœopathic Recorder*, July. *The American Physician*, July and August. *The Clinique*, July and August. *The Medical Brief*, August. *The Medical Times* (New York), August. *The Pacific Coast Journal of Homœopathy*, July. *The Hahnemannian Monthly*, August. *The Homœopathic Envoy*, August. *The Medical Century*, August. *The North American Journal of Homœopathy*, August. *Cleveland Medical and Surgical Reporter*, July. *The Trio* (Detroit) 2nd Quarter. *Homœopathisch Maandblad*, August 15. *Allgemeine Homœopathische Zeitung*, July 28. *Revue Homœopathique Française*, July, August, September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



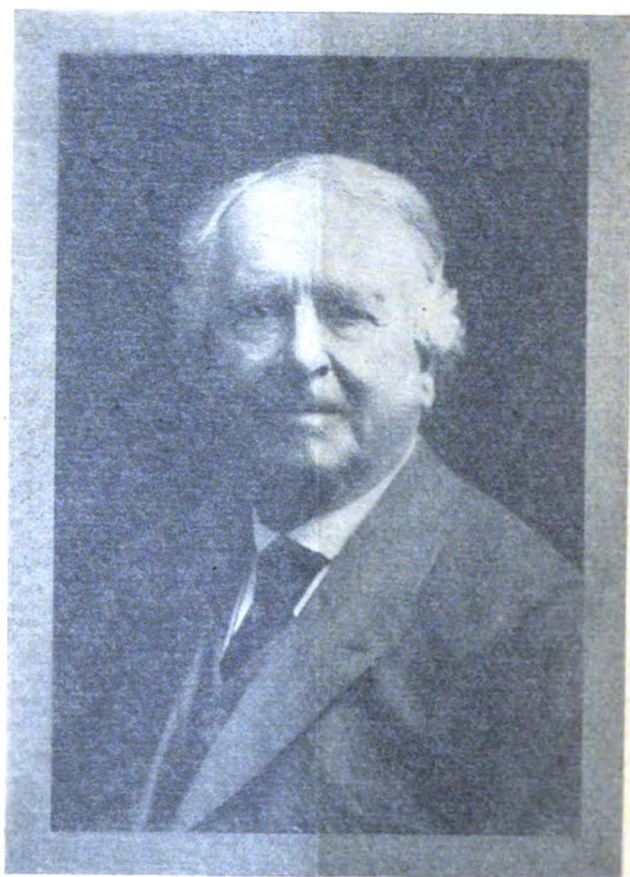
ROBERT ELLIS DUDGEON, M.D.

Born March 17th, 1820, Died September 8th, 1904.

NOTICE OF THE DEATH OF
HOMŒOPATHIC REVIEW.

ROBERT WILLIS DUDGEON, M.D.

It is with much sorrow and with a keen sense of the loss we have sustained, that we have to announce that our great and distinguished colleague, DR. DUDGEON, has passed away from among us so soon after the death of DR. HUGHES, and we can hardly yet realize that the striking and familiar figure so often met with such pleasure will no more greet us with his usual courteous smile of recognition. The last time we saw him in public was at the morning session of the British Homœopathic Congress on July 1st. When we were adjourning for lunch he told us he had not been at all well, that he was much troubled with a sleeplessness which interfered with sleep and made him feel generally ill, and that on this account he did not feel able to be present at the dinner in the evening, at which festive gathering he was much missed, as ever since the Congress was first held he had, with only one exception, we think, been present at these gatherings, and he had been looked upon as an essential feature of them. From this day (July 1st) he never left his house. His complaint developed into an abnormal form of pneumonia which gradually but steadily undermined his vitality, so that in the end, although his mental faculties were unimpaired, he sank from weakness. It was a sad end, which at his advanced



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Born March 17th, 1820, Died September 8th, 1904

THE MONTHLY HOMŒOPATHIC REVIEW.

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and wonderful age—he was in his eighty-fifth year—one could not but see was of the gravest import. Before this complaint came on his health was remarkable, and he used to say he was never ill. He passed away peacefully on Thursday morning, the 8th of September.

In the sorrowful task of writing an obituary notice of a colleague we endeavour to give a short sketch of his career in our own words, but in the case of DR. DUDGEON we have the unique pleasure of having his autobiography from his own pen. In 1892 he was asked by the editor of the *Hahnemannian Monthly*, DR. W. VAN BAUN, to send his photograph to him, and to add a sketch of his career. This request was responded to, and his letter appears in the February, 1892, number of that journal. As it is written in his characteristic, interesting, racy, and humorous, but modest, style, we not only make no apology for reproducing it here, but we feel sure that our readers will thank us for doing so, and agree that it is far better than anything we could write. Coming thus from himself, it will always remain on record as a last memento of our departed friend. Here it is:—

“DEAR DR. VAN BAUN: You asked me for a photograph of myself for the *Hahnemannian Monthly*, and I cheerfully consented to send you one as soon as one of our rare glimpses of sunshine should allow me to sit to the solar artist. Now that you have got the portrait, you ask me to send you ‘a lovely sketch of my life,’ to match the picture, I suppose. But that is a very different matter, and a request not nearly so easy to comply with. In the course of my long career I have written many sketches of the lives of different homœopathic worthies, but have never yet attempted one of my own life. The memoirs I have written of others I have always been able to round off and give them the proper artistic finish by recording the death of their subjects, but in the case of my own life by myself you must not look for such completeness, for, unlike Moses, I am not able to tell you my exact age at death; still less can I boast like him that when the end came ‘my eye was not dim’ (alas! I have to wear spectacles and have a most pronounced annulus senilis), nor my ‘natural force abated.’ I might, indeed, say, like Caleb, the son of Jephunneh, that I am as strong

this day as I was when forty years old, but that would convey no information to you, as you do not know how strong I was at the age of forty. As you *will* have my life, written by myself, you must take it in its necessarily incomplete state, and with all the imperfections that must attend the work of the dim-eyed and no longer youthful writer. I would naturally feel an objection to writing my autobiography for an English periodical, because, as every one knows me here, they would be able to compare my portrait of myself with their own observations, and as no power can 'the giftie gie us to see oursels as ithers see us,' they might find discrepancies betwixt the self-drawn picture and their own conceptions of it. This objection does not apply to furnishing a self-portraiture to an American periodical, for as I am personally unknown to the great majority of its readers they will not be able to cavil at the possibly defective likeness of my sketch.

"I have, as I have said, never before attempted autobiography, so you must excuse all errors and faults inseparable from a first attempt at an unaccustomed kind of literature. The worst of it is that one has to talk such a deal about one's self. One seems to become the centre of the solar system around which all others, great and small, revolve. I suppose it is natural that every one who writes his memoirs should feel himself the centre of creation—for the time being 'the hub of the universe' like the city of Boston, Mass.—and probably this is why the big bugs of legendary lore in course of time come to be considered as solar myths.

"After this prolegomenon I proceed to my medical biography.

"I was born, as I have been informed, for my memory does not go so far back, in a country house in the outskirts of Edinburgh, on St. Patrick's day, 1820. This, I hope, is the only event in my narrative which I must give on other than my own authority. My medical studies were carried on in the University and the extra-academic Medical School of Edinburgh. I took my surgeon's diploma in 1839, and as I could not obtain my university degree before I had attained my majority, I spent the intervening time chiefly in Paris, where I pursued my studies in the Ecole de Médecine and the hospitals, attending the lectures and the clinical practice of Velpeau.

Andral, Civiale, Maisonneuve, Louis, Piorry, and others. Returning to Edinburgh in 1841 I passed my final examinations and was duly invested with the magic cap which constituted me 'Medicinæ Doctor,' on the 1st of August of that year. After that I went to Vienna, where I passed a semester and profited by the instructions of the great medical lights of that city, among whom I may mention Skoda, Rokitsansky, Hebra, Heller, and Jæger. I had for fellow-students in Vienna, Drysdale, Russell, and Fisher, all well known in the homœopathic world, and Wilde (afterwards Sir William), who did good service to homœopathy by stating the truth respecting its success in the treatment of cholera in his book on Austria. We were all very sociable, and used to dine together at a favourite restaurant. Almost every day Drysdale, Russell, and Fisher were studying homœopathic treatment at Fleischmann's hospital. At that period I felt no interest in Hahnemann's system. I next spent a few months in Berlin studying eye and ear disease under Jüngken and Kramer, and organic chemistry under Simon. I then went for some months to Dublin, where Graves, Stokes, Corrigan, and Marsh were in full force. I renewed my friendship with my old chum Wilde, and visited his eye and ear practice diligently. Thus equipped with as much medical learning as I could comfortably assimilate, I set up in practice in Liverpool, where my father then resided. Drysdale, who practised there then as now, persuaded me to look into homœopathy. In 1843 the *British Journal of Homœopathy* was started by Drysdale, Russell, and Black, though there were not then a dozen homœopathic practitioners in the United Kingdom. Drysdale gave me many articles to translate from the German for the journal, and I thus learnt a good deal about the new system, and gradually became a thorough believer. By Drysdale's advice I returned to Vienna to see the homœopathic practice of Fleischmann in the famous Gumpendorf Hospital. I now had for fellow-students Madden, Hilbers, and Macleod. Madden and I, with our wives, lived together, and we devoted much of our time to the study of the *Materia Medica*; endeavouring to construct real pictures of disease from the *dissecta membra* of the provings, with but little success as may be imagined. I made the acquaintance of most of the principal homœopathic practitioners of the Kaiserstadt, Wurmb, Watzke, Gerstel,

Zlatarovich, Nehrer, and many others, whom I frequently met at the society and at their social gatherings, and from whom I learnt much. At that time Vienna was in the heyday of its homœopathic fervour, and a vast deal of invaluable work was done in the way of proving new medicines and re-proving old ones. Many useful essays were also published in the periodicals edited by the homœopathic society. A few years later the representatives of homœopathy in Vienna, apparently exhausted by their effort, subsided into a lethargy from which they have not yet been aroused. While their zeal lasted we must allow that they did splendid work.

"On my return to this country I commenced practice in London. That was in 1845. The following year I joined Drysdale and Russell in editing the *British Journal of Homœopathy*, then commencing its fourth volume. Black had withdrawn from the editorship after the first volume. I remained editor till the cessation of the journal in 1884. Russell ceased his connection with it in 1858. Atkin joined the editorial staff in 1859, but we lost him in 1861. In 1863 Hughes became an editor, and in 1877 Hughes and I were left alone by the retirement of Drysdale. Clarke came on in 1883 to make us again a triumvirate and to assist at the obsequies of the old journal, which expired the following year. During the thirty-eight years of my connection with the *British Journal of Homœopathy* there was, of course, much work to be done, and it is for others to say if that work was well or ill done. I rather think there were some regrets at the final disappearance of this quarterly; at all events, the fact that we were entertained at a grand dinner where all the old editors were presented with magnificent pieces of plate by our colleagues, shows that they were not displeased with the manner in which we had performed our editorial work.

"During the long period, nearly half a century—*heu fugaces labuntur anni!*—that I have been connected with homœopathy many incidents have occurred, many controversies have arisen, and many victories achieved, in which I have been more or less intimately engaged. It would exhaust your patience and weary your readers were I to give even a brief account of all of them; many of them, indeed, I have now forgotten, though a diligent search in the forty-two volumes of the *British Journal*

of *Homœopathy*—that book of the chronicles of homœopathy—might recall them to mind. I shall only mention the most noteworthy events in which I have been personally implicated.

“A few years after Hahnemann’s death, in 1843, the Central Society of German Homœopathists commenced to agitate for the erection of a monument to the founder of homœopathy. Dr. Rummell, as treasurer of the committee appointed by the society for this purpose, appealed to British homœopathists for subscriptions. His appeal was liberally responded to by our countrymen, and sufficient funds having been collected, the committee announced that the monument would take the form of a statue of Hahnemann to be erected in Coethen. To many of us it appeared that Coethen was a most inappropriate locality for the proposed monument, as Hahnemann’s connection with that dull little town was purely accidental and transitory. Either Meissen, his birth-place, or Leipzig, where he first publicly taught his doctrines and founded his school, was the proper place for his statue. I wrote in this sense to Dr. Rummell, but he replied that it was too late to make any change, as all arrangements had been completed for the erection of the statue in Coethen. The Congress of the Central Society of 1850 was held in Liegnitz in Silesia. I travelled thither and spoke strongly, in my choicest High Dutch, against the determination of the committee. I was told that no change of locality was now possible; the municipality of Coethen had granted a site, and the Duke of Anhalt-Coethen had promised a liberal contribution, on the understanding that the statue should be erected in his capital. In short, I was snubbed by the committee and the society, and plainly told that it was none of my business to interfere with the society’s arrangements. On my return to England I brought the subject before the Homœopathic Congress which met that year in Cheltenham, and a unanimous resolution was passed by them condemning Coethen and recommending Meissen or Leipzig as the proper site for the statue. On receiving this influential remonstrance and recommendation, Dr. Rummel wrote to me that the committee had re-opened the question of the site, and in deference to the wishes of their British colleagues had determined to erect the statue in Leipzig, provided the extra expense involved

in the change should be met by subscriptions in England. I made a second appeal to my colleagues, and soon collected the required funds. This settled the matter, Leipzig was substituted, and the following year (1851) the statue was unveiled amid a large assembly of Hahnemann's disciples from various countries. England was represented on that great occasion by Drysdale, Russell, W. Hering, and myself. It is curious that no allusion was made by any of the speakers to the circumstances which had induced the committee, at the eleventh hour, as it were, to save the statue from sharing its original's exile in the obscure and petty capital of an insignificant principality. *Sic vos non vobis!* Coethen was not in the end deprived of a statue of its whilom guest. Dr. A. Lutze, who set up in practice there after the great reformer's departure, erected there a statue of Hahnemann (made of stucco, I believe), at his own expense. Those desirous of seeing this work of art should visit Coethen, if they can discover exactly where it is. I have been there myself, so can certify that there is such a place. But, as Lutze's statue of Hahnemann stands in Lutze's back-garden, perhaps the adventurous visitor might miss seeing it after all.

"Whilst the representatives of homœopathy were in full conclave in their hall, listening to a learned paper by Dr. Clotar Müller, they were alarmed by a loud explosion, quickly followed by a still louder, proceeding from beneath the room. Naturally the first idea was that this was a gunpowder plot devised by some allopathic Guy Fawkes, and intended to blow us all into the air. The actual fact was, however, not so sensational. Beneath our hall was a shop where fireworks were sold, two boxes of which had successively exploded, without doing any damage beyond alarming us and breaking a few panes of glass. There was in the shop a barrel of gunpowder, which, had it caught fire, would have blown us into smithereens. Had this happened my memoir would have terminated here in a singularly effective manner amid a grand coruscation of sky-rockets, squibs, Catherine wheels and Roman candles. I should have ascended to empyrean heights in good company too, for many of the most distinguished disciples of Hahnemann were present in the room, among others Stapf (of *Archiv* fame), Bönninghausen, Rummell, Haubold, Melicher, Schneider, Weber,

Rückert, Veit Meyer, Clotar Müller, Rentsch, Hartlaub, Herschel, Trinks, Wolf, Gross, Bolle, Hofrichter, Caspar, Wahle (of Rome), Pabst (of Copenhagen), and that stately grandee of Spain, the Marquis Nuñez, physician to her most Catholic Majesty, Queen Isabella, who, it is said, might still be on the throne had she been contented with her physician's medical advice and refused to listen to his political counsels. F. Hartmann, though in Leipzig, was confined to his arm-chair a helpless cripple, so could not take part in the ceremony. All these champions of homœopathy have now gone to join the Master in the Elysian Fields, except Drysdale and myself. We stand like two solitary gnarled trunks in a forest where the grim woodman has cut down all our companions, and has paused to sharpen his axe in order to complete his work. No representative of American or French homœopathy was present on this great occasion. Your countrymen had not yet discovered how easy it is to cross the Atlantic from your side, and the French had not yet made up their minds to rush 'à Berlin'—when they might have taken Leipzig by the way.

"I had a considerable share in founding the Hahnemann Hospital and School of Homœopathy in Bloomsbury Square, with which was connected the Hahnemann Medical Society. I need not give the history of that movement. While it lasted some useful work was done. Courses of lectures were delivered to students at the hospital by Dr. Curie on Therapeutics, by Dr. J. Epps on *Materia Medica*, and by myself on the Theory and Practice of Homœopathy (my lectures were published in one volume in 1854). Dr. Curie having died, the managing committee of the hospital, all laymen, and most of them Curie's personal friends, laid their wise heads together, and finding that the hospital had no debt, resolved to shut it up, and this they did without giving the medical staff the slightest hint of their intention, so that we were amazed and disgusted to find, one day, the shutters up and bills announcing the place to be let. We were naturally indignant at this high-handed action of the committee, as the hospital was doing very good work among the poor of the neighbourhood, and many interesting cases were treated and fine cures made in it. The moral to be drawn from this affair is, if you want your hospital to be a permanent institution, see that you start

it with a sufficient endowment or a good thumping debt, then your managing committee cannot close it suddenly at their own sweet will and pleasure. The hospital being gone, the lectures were stopped and the society having no local habitation, languished and died, leaving the British Homœopathic Society and the London Homœopathic Hospital masters of the field, to which we accordingly transferred our allegiance. All are now united in support of these two institutions, which have gradually eliminated from their laws most of what the dissentients objected to.

“ In 1852 an agitation commenced among the governing authorities of the medical profession for an Act of Parliament to regulate the affairs of the medical schools and colleges. The movement came to a head in 1858, when the famous Medical Bill was brought before Parliament. As almost all the leading bodies had at different times shown their hostility to homœopathy by passing resolutions against it, or by rejecting candidates for their diplomas who were suspected of leaning towards homœopathy, or who avowed their intention to inquire into the hated system, it was thought desirable to scrutinize carefully the text of the Bill to see if it countenanced this persecution of the members of our school. I procured a copy of the Bill, and found to my consternation that it afforded no protection to candidates for diplomas against their arbitrary rejection by examining bodies on account of their supposed or avowed preference for modes of practice differing from those of their examiners. A case which had recently occurred in Aberdeen showed to what lengths examining boards would go in their crusade against homœopathy. Mr. Harvey had already passed satisfactorily two examinations before the faculty of the Marischal College of that town. But his examiners having a suspicion that he was favourable to homœopathy, before admitting him to his final examination, sent him a letter in the name of the Professor of the Principles and Practice of Medicine, Dr. Macrobin, in which he demanded that Mr. Harvey should make ‘a distinct declaration that, as a man of honour, you have not practised and do not entertain any intention of practising the profession on other principles than those taught and sanctioned in this and other legally recognized schools of medicine.’ As Mr. Harvey refused to make any such

absurd declaration, he was not permitted to complete his examinations and obtain his degree. The Bill if passed in its actual form would allow any examining body to exact similar declarations from candidates, and homœopathy would thus be practically extinguished in this country. The Bill had by this time already passed the House of Commons and was to be read in a day or two in the House of Lords, when, if no amendment was proposed it would become law and seal the fate of homœopathy. No time was to be lost, so I rushed off to consult with that old tried friend of homœopathy, Lord Ebury. He fully appreciated the peril of the situation and sent for Mr. William Cowper (Lord Palmerston's step-son, afterwards Lord Mount Temple), who, as an old parliamentary hand and a friend of homœopathy, would be able to advise us in the matter. So we three conspirators sat down and concocted a clause for the Bill, which would, if passed, be an ample protection to candidates for diplomas against such tyranny as that of the *Abandon* College. This clause runs as follows:

‘XXIII.—In case it shall appear to the General Council that an Attempt has been made by any Body entitled under the Act to grant Qualifications, to impose upon any Candidate offering himself for Examination an Obligation to adopt or refrain from adopting the Practice of any particular Theory of Medicine or Surgery as a Test or Condition of admitting him to Examination or of granting a Certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an Injunction to such Body so acting, directing them to desist from such Practice, and in the event of their not complying therewith, then to order that such Body shall cease to have the Power of conferring any Right to be registered under this Act so long as they shall continue such Practice.’

“Lord Ebury then hurried off to interview the Home Secretary who had charge of the Bill, and get his consent to move the adoption of this new clause in the House of Lords. I asked Lord Lyndhurst, whose family physician I was, to support the clause, if needful, in the House. He readily consented, and promised to go there for the purpose, though he was then nearly ninety years old and sadly crippled by chronic gout. The clause was quickly

printed and distributed to the Peers. No opposition was encountered, and the Bill, as amended, passed the House of Lords without any particular notice. The Lord Chancellor did not even read aloud the new clause, as he said noble lords had it printed in their hands, and the whole business did not occupy five minutes. As a new clause had thus been added to the Bill, it had again to pass the ordeal of the House of Commons. This it did a few days later. The reasons for the introduction of the new clause were clearly stated by Mr. Cowper, who was ably supported by some of our staunch friends in the House, particularly Lord Elcho (now Earl of Wemyss) and Mr. Brady. The allopaths were taken completely by surprise when they found that a clause for the protection of the homœopaths had been interpolated into their Bill at the eleventh hour. The great obstetrician, Sir J. Y. Simpson, whose venomous hostility to homœopathy was notorious, had apparently constituted himself the accoucheur of the Bill, and watched it anxiously through all the stages of its incubation and parturition. He sat by my side in the gallery of the House of Lords when the new clause was added there, but had not the faintest suspicion of what was going on down below him. When he read the Act, after it had passed into law, he must have been dreadfully disgusted that it deprived the licensing bodies of the power to reject candidates for degrees and diplomas on account of their homœopathic proclivities, and no doubt he returned to Edinburgh a sadder if a wiser man, to condole with his fellow-baronet, Sir Robert Christison, the 'chucker out' to the faculty of candidates suspected of homœopathic leanings, on the loss of his congenial occupation.

"In 1886 the majority of the medical staff of a very old institution, the Infirmary for Consumption, in Margaret Street, London, began to feel uneasy because two of their number had become converts to homœopathy, and treated their patients in the infirmary according to that method. This introduction of the accursed thing into an institution which had heretofore enjoyed an unsullied reputation for orthodoxy was intolerable to their colleagues on the staff of the infirmary, who made no concealment of their resolve to get rid of the heretics. I was requested by the intended victims to come and help them. As a preliminary I qualified myself for the post of governor of the infirmary

by subscribing to its funds. Several futile attempts were made to induce the two homœopaths to resign. They declined to do so. It was then resolved that they should be expelled. This was a serious step, and had to be done at a general meeting; the governors summoned *ad hoc*. Accordingly, at the beginning of 1887, the eventful meeting was convened. Previous to the date of meeting, the allopathic majority circulated a private letter among the governors, declaring that if the obnoxious homœopaths were not dismissed they would all resign. They hoped by this threat to intimidate the governors, who might hesitate about depriving their institution of the services of almost all its medical officers. But 'the best laid schemes o' mice and men gang aft agley,' and the governors no doubt felt that this threat was what is called in pugilistic language 'hitting below the belt.' The opponents of homœopathy moved 'that it having been proved that Drs. Jagielski and Marsh have treated patients of the Infirmary homœopathically . . . these gentlemen be requested to resign their positions on the staff of the Infirmary.' I proposed, as an amendment, 'that any attempt to limit the liberty of opinion or practice of the medical officers is not sanctioned by the laws of the Infirmary, is prejudicial to the interests of the Infirmary, and is opposed to the spirit of the Medical Act of 1858.' After a long and animated discussion, my amendment was carried by a majority of the votes of the governors, and the allopathic majority of medical officers—seven in number—tendered their resignation on the staff of the Infirmary. This did no injury to the Infirmary, as their places were soon filled by the election of an equal number of liberal-minded physicians and surgeons, some homœopathic and some allopathic.

"Proceedings that resulted from the victory of homœopathy led to the famous discussion on the 'Odium Medicum,' carried on in *The Times* newspaper for about six weeks. It was commenced by Lord Grimthorpe, who occupied the chair at the meeting of the governors of the Infirmary for Consumption. Many well-known members of both schools took part in this controversy, to which I contributed my share. It was generally agreed, even by the allopathic periodicals, that the homœopaths scored most points in the logomachic match. We were so satisfied that all throughout we had the best of the argument that

we published and widely distributed the whole of the letters in pamphlet form.

"For many years past the medical men of Hahnemann's school had ceased to publish any popular works on homœopathy explaining its doctrines and practice, and it was noticed by many of us that few of the lay public knew what homœopathy was, and were very prone to class it amongst the unscientific quackeries which have always abounded in medicine. We met together to consider how this ignorance could be removed, and the result of our deliberations was that we resolved to form ourselves into a society composed of medical and non-medical adherents of homœopathy, for the purpose of diffusing a correct knowledge of homœopathy among the public by means of popular writings and lectures. We called our association the Homœopathic League. We appointed a committee to transact its business, and since 1887 we have published thirty-six popular tracts, forming three volumes. We have reason to believe that these tracts have been very useful in spreading a correct knowledge of homœopathy among the people. Allied associations have been established in France and Spain, and many of the tracts have been translated into Spanish, French, and Italian. Some, I observe, have been thought worthy of reproduction in American periodicals. The tracts have also been extensively circulated in India and Australia. I took an active part in the league, which has thrown upon me a good deal of not uncongenial work.

"I think I have now given you an account of the principal events of my homœopathic history, but perhaps you may not object to hear of some of the other matters more or less connected with medical science which have occupied my attention during my professional career.

"In working with the microscope I thought it might be of advantage to be able to examine a considerable quantity of fluid at once. In order to do this I encased the object-piece of the microscope in a metal tube closed at the further end by a disc of thin glass. This glass plate must, of course, be well within the focal distance of the object-glass. In this way an ounce or more of urine contained in a glass cell may be examined at a time. All that is required is to insert the object-piece encased in its water-tight tube into the fluid and work it until the proper focus is obtained. The power I chiefly employ for examination of urine is a

one-fourth inch objective, and the glass plate at the end of the tube comes to within one-eighth of an inch of the objective. This apparatus can also be used for the examination of the minute organisms contained in other fluids. I described this arrangement of the microscope in the eleventh volume of the *Quarterly Journal of Microscopic Science*.

"In 1870-1, while making some investigations into the dioptrics of vision, in order to ascertain the precise refractive value of the anterior lens of the eye formed by the aqueous humour bounded by the transparent convex cornea, I extinguished this lens by immersing my eye in water. I then found that perfect vision was restored to the immersed eye by a glass lens which had in air a focal distance of three-eighths of an inch. This lens, in the more refractive medium of water, I found to possess a focal distance of one and one-half inches, consequently this was the focal distance or refractive value of the anterior lens of the eye. It occurred to me that for sub-aqueous purposes it would be better to construct my compensating lens of air. But as the refractive power of air is much less than that of water, my air-lens would need to be concave in place of convex. I found that two watch-glasses having a radius of curvature of one inch placed back to back, that is, with their concave surfaces looking outwards, formed, when immersed in water, a lens whose focal distance is one and one-half inches. This, when placed before the immersed eye, restored perfect vision. On this principle I constructed a pair of spectacles which, while restoring perfect vision under water, does not interfere with perfect vision in the air. In order to make my air-lens perfect, in place of using watch-glasses, I had the enclosing glasses ground accurately of the exact radius of curvature required. I find these spectacles of great use when diving in clear fresh or salt water, as they enable me to see distinctly all around me. Sir John Herschel, to whom I communicated my invention, wrote me a letter in which he complimented me on its ingenuity. My investigations into the dioptrics of vision led me to a new explanation of the mechanism of accommodation, differing entirely from that generally received. I do not think my explanation has been adopted by any prominent authorities on the physiology of the eye except Dr. Jacob, of Dublin, the celebrated oculist, who first

described the structure in the eye that goes by the name of 'Jacob's membrane.' My desire to gain publicity for my view of the mechanism of accommodation led to an animated conflict with the committee of the International Ophthalmic Congress of 1872, in which I gained a signal victory over the anti-homœopathic bigots on the committee who sought to exclude me from the Congress, and prevent me reading a paper on the subject, on the ground that I practised homœopathy. I read my paper, and it is published in the *Transactions* of the Congress. A full account of my views on the mechanism of accommodation and a description of my diving spectacles will be found in a little work I published entitled *The Human Eye; its Optical Construction*.

"I have always been very fond of swimming, and have advocated it as a necessary part of the education of all boys and girls. All who dwell on a little island like ours should know how to swim, for if they happened to tumble off and were unable to swim, it might be awkward for them. In 1873 I made a personal inspection of all the swimming-baths of London, and practically tested them all, except two or three, which were so repulsively dirty I could not muster courage to venture into them. I published the results of my observations, first in the *British Journal of Homœopathy*, and afterwards in a pamphlet. Since then many more swimming-baths have been established in the metropolis, some of which are superior to any I have described in my article.

"In 1879 I got a Pond's sphygmograph, which, though in some respects an improvement on Marey's, was yet far from satisfactory. I believed I could contrive a better instrument, so I set to work to try. A young watch-maker's apprentice from the Black Forest about this time came to London to seek for work. I asked him if he could make a sphygmograph under my direction. He said he thought he could, and after several failures we at last succeeded, and the pocket sphygmograph which bears my name was the result. At first the allopathic authorities, disliking its origin, and yet not liking altogether to condemn what might ultimately prove to be first favourite, hedged cautiously about it, damning it with faint praise, such as 'a pretty toy, but not to be compared as to accuracy with the instrument of Marey,' and so forth. But now it is generally acknowledged to be the best, and

most of the recent writers of text-books on physiology and pathology describe and figure my sphygmograph and no other, and seem quite satisfied that the pulse-tracings it makes are reliable and accurate.

"My contributions to homœopathic literature are too numerous to mention, but perhaps my chief claim to remembrance by the homœopathic world is as the translator of all Hahnemann's homœopathic works (except the *Chronic Diseases*) and of many of his pre-homœopathic works. I have been twice chosen President of the British Homœopathic Society, once of the British Homœopathic Congress, and the crowning honour of my life was my selection as President of the International Homœopathic Congress which met this year at Atlantic City. I much regretted my inability to put in a personal appearance on that great occasion, but I am highly sensible of the honour conferred on me by the choice of my American colleagues. I have twice been chosen to deliver the Hahnemann Oration at our hospital here.

"I have been engaged in almost every controversy on homœopathy in the medical and lay periodicals. I believe I am the first and only avowed partisan of homœopathy who has defended the method of Hahnemann in the London Medical Society.* The occasion was when Dr. Routh read his paper on 'The Fallacies of Homœopathy,' which he afterwards published in pamphlet form. I was present as a visitor, and after the paper had been read I asked permission to reply. Some opposition was raised to my request, but the president having put it to the vote, the majority decided that I should be heard, and I was listened to with attention, and some of my observations were even slightly applauded. I also took part in a friendly discussion on homœopathy in an allopathic medical society called, if I remember right, the Guild of St. Luke.

"I have also taken part in discussions in various periodicals on Pasteurism, Kochism, vivisection, and alcohol-drinking, and I have addressed public meetings on the two latter kindred delusions.

"I think the above is about all I can tell you respecting

* (Dr. Dudgeon was mistaken here. It was at the London Medical Society that the first discussion on Homœopathy took place, in a paper by Mr. Kingdon. For the account of this see M.H.R. vol. xxi p. 504. October 1877.)

my medical career. I fear your readers will be shocked at the length of my egotistical narration, but please take the blame to yourself. *Tu l'as voulu, Georges Dandin!* You begged me to write my autobiography, forgetting the proverbial garrulity of old age, so you must abide the natural consequences. An excuse must be made for me, viz., that this is my first attempt to write the history of my life. Should Providence endow me with as many lives as a cat (nine, I believe, is the recognized number), and spare me to write a narrative of each, by the time I reached the sixth or eighth I may have acquired the art of writing autobiography with that brevity which is said to be the soul of wit. Naturally the events of our own life are more interesting to ourselves than to others. Even things which at the time were disagreeable and annoying are often not unpleasant in reminiscence, in accordance with the philosophic reflection of pious Æneas: *Hæc olim meminisse juvabit*. They say that wicked French countesses turn devout in their old age for the pleasure it gives them to relate all the pleasant sins of their *beaux jours* in the ear of an indulgent father confessor. So we old men, when we get the chance, love to confide the events of our past life to our patient and much-enduring father confessor 'the courteous reader.'

"At length, however (at what enormous length! your readers will exclaim), I have said all I wish to say respecting my medical career. I will only add, that though in the seventies, I am still hale and hearty. I do my professional work without fatigue, generally manage to play a game of golf once a week, enjoy a week of grouse-shooting over Scotch moors every August, and after that three weeks of the seaside, where, every day after a good long swim in the sea before breakfast, I adjourn to a golf-links and devote all the forenoon to that fascinating game, which I may truthfully say, after the manner of old Verges, 'I play as well as any man of my age who does not play better than I.' Refreshed by this outing I return to work with renewed vigour, and get through the year with tolerable comfort, the dull routine of practice tempered occasionally by a day off in the country among the partridges and pheasants.

Now you have my whole history, and I hope your readers may be edified and not unduly bored by it. This first experience of autobiography has impressed me with

the disadvantages under which an autobiographer labours. In writing the memoirs of others' lives, the author is free to distribute his praise or blame, as he thinks fit, to his subject's conduct or sentiments, and indeed every competent biographer is expected to do so. But when he writes his own life, he must studiously refrain from auto-laudation. 'Self-praise,' says the proverb, 'is no recommendation.' He might, indeed, imitating the self-depreciation of Saint Paul, admit that he had occasionally acted or spoken 'as a fool,' but few show Dogberry's desire to be 'written down an ass,' even by themselves. The autobiographer is therefore limited to a bare recital of the acts of his life, and must leave the reader to make his own comments and form his own judgment as to the wisdom or folly of his acts. I trust your readers will be indulgent in their judgment and pronounce a favourable verdict in my case.

I remain, yours very cordially,

R. E. DUDGEON, M.D."

" 53, Montagu Square, London, England."

Having given our readers the pleasure of perusing this charming autobiographical sketch, which will be new to most of us, as only a limited number in this country see the *Hahnemannian Monthly*, it only remains for us to fill up what our departed colleague requested us in the last sentences of his letter to do, and in endeavouring to do so, we are glad to be able to present the excellent portrait of him which was taken only a few months before his death. It displays, not the old man of 84, but the strong, almost rugged, intellectual Scotch head of a leader in medicine, and in general thought. With this strength the portrait shows the courteous, genial expression, which was so characteristic of him, as well as the humorous phase of his character, which was always so pronounced, and which he shows so plainly in his autobiographical sketch. This portrait ought to be framed and hung up in the consulting-room of every one of our colleagues among their other *lares* and *penates*.

Dr. Dudgeon's character was essentially a strong one. He thought for himself, and never allowed prejudice to weigh with him in forming judgments on any subject. Having once formed his opinions, he stuck to them until

he found reason to think they required revision or alteration, and having attained to what he believed to be well-grounded opinions in medicine, and in all other subjects, he fearlessly fought for them in controversy. He loved controversy when he felt sure he was right, and fought as keenly as a soldier in the battle-field. Hence his staunch upholding of homœopathy on all occasions that offered themselves. It made him a very valuable and effective champion, as his writing was so full of grit, so powerful and telling, and such as no other man in our school of medicine could hold a candle to. And yet withal, it was so courteous, and he never said or wrote anything that would needlessly wound an opponent. Whenever a chance of defending homœopathy from the onslaught of an old-school antagonist occurred, he was at once to the front. His wide reading in, and accurate memory for all the details of the history of homœopathy enabled him to clinch a matter by argument and fact, so that reply was futile to the mind of any one not utterly prejudiced. His power of combined argument and fact was brought out forcibly by his strength of diction, mingled with racy humour, which disarmed an opponent. He had the enviable gift of seeing the comic side of serious things, and this faculty gave him a keen sense of pleasure all through his life, and prevented anything like low spirits or the "blues" which are so often the *bête noir* of men's lives. Yet he was never satirical, except in the most good natured way. His character, with all its strength, showed also much gentleness and kindness, and invariable courtesy. The result was that he was not only trusted implicitly by his patients, but loved, almost adored, by them, and we know for a fact that patients of nearly forty years' standing were only prevented resorting to his aid when at the last he was physically incapable of seeing them. Among all his colleagues he was loved, and he, we are sure, never made an enemy. His presence at our assemblies was always looked for, and it seemed to add sunshine to them all, with the corresponding cloud when he was unable to be present. Till the last few months there was no more regular attender at the meetings of the British Homœopathic Society, at which he always spoke with effect and sound sense, to say nothing of the results of his long experience which he gave forth when discussing the papers read. And as we have already said, he very rarely missed a Congress meeting

—in fact we only remember one occasion when he was absent, owing to his being in Scotland. His varied knowledge and studies are well shown by his studies of the eye—its construction and anatomy, his invention of lenses for sub-aqueous vision, and by his sphygmograph. This latter is so perfect that no one has been able to improve on it. It is known by all the profession as “Dudgeon’s Sphygmograph” and it is invariably used in preference to any other. In politics he was always a staunch Radical. His life and habits were very simple, and he was an enthusiastic teetotaller. His advocacy of a simple healthy life induced him to write in 1900 a very interesting little book on the “*Prolongation of Life*,” of which he was a living object-lesson. In short, DR. DUDGEON was a really great man, whose memory will always remain green in the homœopathic school of medicine for which he did so much. And when the time comes that HAHNEMANN becomes generally recognized as, perhaps, the greatest genius in medicine that ever lived, DR. DUDGEON will take his place among the great men in the history and archives of medicine. Meanwhile we deplore his loss, and honour his memory.

Before concluding our notice, we must give our readers a most amusing sample of DR. DUDGEON’s sense of humour, and his faculty of seeing the comic side of things. At our request he kindly wrote the obituary notice of the late DR. HUGHES, and also that of DR. ROBERT T. COOPER. Soon after he sent one of the Editors of our *Review*, the following characteristic letter, which we have retained, and now that he is gone, can publish, for the delectation of our readers. It is dated September 25th, 1903.

“MY DEAR BROWN :—

I have written so many obituary notices of departed colleagues lately, that I think, as my hand is in, I might write one of myself and send it to you, not for immediate publication in the *M. H. R.*, but which you may keep in a pigeon-hole till it is needed. It is not usual for a fellow to write his own obituary, still history is not without a conspicuous instance of this feat being performed, in the case of Moses to wit, who tells us how he died and was buried in the land of Moab, over against Beth-peor; that is to say, if Moses wrote the Book of Deuteronomy, which

it would be irreligious to doubt. Fortified by this illustrious example I subjoin my obituary notice for the delectation of posterity.

R. E. D., being a delicate child, his parents, fearing he might die of consumption, if not properly attended to medically, persuaded him to become a doctor, so that he might learn how to preserve his precious life. And this proved his salvation, for in studying medicine, as taught in the schools, he soon became convinced of the uselessness or rather the hurtfulness of medicine as taught, and so he steadily abstained from taking any of it, and was thereby enabled to live long and to escape his hereditary tendency to consumption. The leading characteristic of his life is that he was always on the minority side in all important questions, and that deliberately and intentionally, for he thought that truth, which he loved, was at first always in a minority, and that as soon as it became a majority, it ceased to be interesting. He has now gone over to the majority, but it was not of his own free will, but only because he could not help it. On becoming a doctor he naturally joined the minority, and attached himself to the homœopathic school. He practised this system for many years, but never made a fortune. He wrote many books, which were not much read. His favourite pastime was controversial writing, and for this his position as one of a minority gave him many opportunities. Though much engaged in medical polemics, he never made an enemy, or, if he did, they all died before him, so that at his death he was unable to exercise the Christian virtue of forgiving his enemies, but he could practise the higher virtue of loving them, as they contributed so greatly to his enjoyment of life. He was cremated at Golder's Hill on the
of , so we may say literally and figuratively :
Peace be with his ashes !

Yours ever,

R. E. D."

DR. DUDGEON removed quite recently to 22, Carlton Hill, St. John's Wood, after having given up active practice. During most of his life he lived in 53, Montagu Square, W.

Our departed colleague was twice married, and leaves a widow and a family of two sons and three daughters.

The eldest son died about six years ago, the other two are in India and New Zealand respectively. The daughters are all married, the eldest to the very rising and clever artist, MR. PHILIP STRETTON, the second to MR. KENNEDY, of the Stock Exchange, and the third to MR. OAKLEY MAUND, formerly of the Stock Exchange. To MRS. DUDGEON and all the family we offer our warmest sympathy in their great loss.

The funeral took place on Monday, the 12th of September, The cortege started from 22, Carlton Hill, N.W., a little before 12 o'clock, and proceeded to Golders' Green Crematorium, where after a service in the mortuary chapel according to that of the Church of England, the body was passed into the furnace. The ashes were buried in Willesden Cemetery. Besides the relatives of our deceased colleague, there were present of our *confrères*, to offer their last respect to one whom it was a privilege to honour in the only way remaining to them, DRs. BEALE, BENNETT, EDWARD BLAKE, DYCE BROWN, DEANE, WASHINGTON EPPS, A. E. HAWKES (Liverpool), JAGIELSKI, FRANK NANKIVELL, NEILD (Tunbridge Wells), E. A. NEATBY, PINCOTT (Tunbridge Wells), and WILKINSON (Windsor). Also MR. G. A. CROSS, the Secretary-Superintendent of the London Homœopathic Hospital.

Many more would have been present, but at this holiday time were away from home. DR. A. C. CLIFTON, of Northampton, intended to come, but was to his deep regret prevented at the last by illness. DR. POPE's state of health prevented him, greatly to his sorrow, from being present, DR. BURFORD also was prevented by illness.

Other letters of regret were received from DRs. BRYCE, CLARKE, HAHNEMANN, HALL, CLIFTON HARRIS and Mrs. CLIFTON HARRIS, J. W. HAYWARD, MADDEN, BYRES MOIR, H. NANKIVELL, LAIDLAW PURVES, CASH REED, KNOX SHAW, EUBULUS WILLIAMS, and WYLD.

Special paragraphs appeared on DR. DUDGEON's death and his career in all the leading London newspapers.

THE MEDICAL PRESS AND CIRCULAR AND HOMŒOPATHY AGAIN.

THE *Medical Press and Circular* is a unique journal. On the editor the name of homœopathy would seem to act as the traditional red rag is said to influence the bull.

In our *Review* of December, 1903, one of our leaders was headed by the above title, and drew attention to an article of the *Medical Press and Circular* in which the editor ran full tilt at DR. JOHNSTONE's Congress paper on Serum-therapy and its relation to Homœopathy, evincing quite remarkable ignorance of his subject and of homœopathy, and reverting to the old tactics of speaking of homœopaths as knaves or fools, or both—tactics which we fondly thought were things of the buried past. He said that DR. JOHNSTONE, the author of the Congress paper (though he studiously avoids naming him), "challenges an imputation of ignorance or downright bad faith," and ended his article by saying, "We regard the article, indeed, as an attempt to obtain credit under false pretences." We were under the fond delusion that our criticism of this unique editorial would prevent a repetition of this sort of writing. But we were mistaken. In the *Medical Press and Circular* of July 27th appears another editorial with the heading "Is a Homœopath a Quack?" In this equally remarkable article the editor takes for his text the account of a libel action brought by DR. MENDE-ERNST, of Zurich, against a DR. SPARTZ, the editor of the *Münchener medizinische Wochenschrift*, who had in his journal described DR. MENDE-ERNST as "the well-known charlatan and homœopath."

It will be remembered, as we stated in our issue of May, that the University of Leyden had resolved to institute a Chair of Homœopathy, thus showing itself far ahead of most other Universities in breadth and liberality of mind, and DR. MENDE-ERNST was appointed to the Chair. *Hinc illæ lacrymæ*. That such a famous University should have taken such a step excited, we suppose naturally, great wrath on the part of the old school on the Continent, and this DR. SPARTZ relieved his feelings by letting off the steam in the above manner.

DR. MENDE-ERNST, we may repeat from our editorial notice of December, received his diploma as practising physician in July, 1875, after the usual examination in Switzerland, and his patent for practising his profession in the Canton of Zurich in July, 1876. His diploma of Doctor of Medicine dates from December, 1876. Since then he has practised in Zurich as a homœopath. Although

we have not the pleasure of his personal acquaintance, a Swiss correspondent of the *American Homœopathic Recorder* wrote as follows: "DR. MED. MENDE is a most suitable man for such a position. He is of a sympathetic presence, and possesses a very extended medical culture. He was a pupil of PROFESSOR BAKODY in Budapest, and as homœopath he is to be accounted as of the modern school. DR. MENDE has always been much sought after and very busy in his profession as homœopathic doctor, and has never been a 'clergyman,' as some of his ill-wishers, with a view to injure him, had stated." Such is the man whom DR. SPARTZ described as "the well-known charlatan and homœopath." We do not wonder that DR. MENDE-ERNST refused to take this insult "lying down," and so instituted an action for libel, which, of course, he gained. We are quite used to having uncomplimentary things said of us, but there is a point when one feels compelled to draw the line.

Let us now quote the account of this libel action as given by the editor of the *Medical Press and Circular* :—

"An interesting libel action was lately tried in Germany, the plaintiff being DR. MENDE-ERNST, a homœopathic practitioner of Zürich, and the defendant DR. SPARTZ, the editor of the *Münchener medizinische Wochenschrift*. DR. SPARTZ's journal had published an article in which DR. MENDE-ERNST was referred to as 'the well-known charlatan and homœopath,' a conjunction of designations to which the latter took strong exception, so much so that even after DR. SPARTZ had published an announcement that DR. MENDE-ERNST was a duly qualified medical graduate of Zürich, he found himself sued for libel by the indignant homœopath. A number of witnesses, including von WINCKEL, the great authority on forensic medicine, were called by the defence to show that, however well a man might be qualified in the view of the law, from the point of view of scientific medicine he deliberately placed himself on a level with charlatans when he embraced and practised the exploded system of Hahnemann. Von WINCKEL quoted the amusing dictum of MÜLLER that the principles of homœopathy seemed to him to be about the same as if after a man had been run over by a wagon he should be treated by having a toy-cart run backwards

and forwards over him three times; and he showed, moreover, how homœopathy is used to hoodwink and deceive the public, just as much as frank charlatanism is. SPARTZ, in his evidence, dwelt on the fact that homœopaths were in reality worse than quacks, in that they had been instructed in the scientific basis of medicine and had eschewed it in favour of ridiculous doctrines, such as that the 'intellectual vital force was dynamically out of time,' and that it was inconceivable that any man who had been taught pathology could act so from conviction. The other scientific witnesses spoke to the same effect, saying that from the point of the profession homœopaths rank as quacks. As it happens, however, the Bavarian law recognizes homœopaths, and in the end the editor had to pay a nominal fine and costs, although it was clearly established that there was no question of personal malice."

What must at once strike the "man in the street" in reading this passage is: (1) That the editor of the *Medical Press and Circular* should not be ashamed for the credit of his journal to publish such evidence, and seemingly to approve of it; (2) That he should quote the "ridiculous doctrine" which he evidently believes that homœopaths hold, that "the intellectual vital force was dynamically out of time." This is really delightful, and it shows the amount of knowledge, or rather, we should say, of ignorance of homœopathic doctrines that the editor of the *Medical Press and Circular* possesses. We, for our part, do not understand what he even means by this phrase. But we are always open to learn. (3) That von WINCKEL, "the great authority on forensic medicine," should debase his reputation by quoting in a court of law MÜLLER's "amusing dictum," which, if nothing else were required, showed von WINCKEL's absolute ignorance of homœopathic principles and practice; and that after this melancholy exhibition of himself he should give it as his opinion, or, as the editor of the *Medical Press and Circular* says, "showed," "that however well a man might be qualified in the view of the law, from the point of view of scientific medicine he deliberately placed himself on a level with charlatans when he embraced and practised the exploded system of HAHNEMANN." Truly if the deliverance of such an opinion does not degrade a man's reputation as "the great

authority on forensic medicine" we are at a loss to conceive what else can do it. (4) That SPARTZ, who was the defendant in the action, in his evidence, as reported by the *Medical Press and Circular*, "dwelt on the fact (*sic*) that in reality homœopaths were worse than quacks, in that they had been instructed in the scientific basis of medicine, and had eschewed it in favour of ridiculous doctrines," etc.

To find this extraordinary opinion called a "fact" by the editor of the *Medical Press and Circular* is something unique of itself. But SPARTZ's conclusion from his premises is, if anything, still more remarkable. The "man in the street" would naturally infer that, if in the medical profession thousands of duly qualified doctors all over the world who "had been instructed in the scientific basis of medicine" had eschewed it, for the principles and practice of Homœopathy, there cannot be so many fools or knaves in our profession, but that the probability rather was that they must have truth, more or less, on their side. These men, he will also observe, were, until they passed their examinations and got their diplomas, supposed to be level-headed and honourable, with an amount of professional knowledge sufficient to enable them to obtain medical diplomas. In believing that they knew a better way of practice than that which they had been taught at the Colleges, and finding it more successful in practice, they adopted it. The "man in the street" will fail to be convinced by any number of adverse opinions that these men suddenly lost their intellectual power of observation and deduction, and forthwith became fools, to say nothing of their loss of moral sense in becoming "worse than quacks." It is truly melancholy to find such statements in print as the views of "the great authority on forensic medicine," of editors of German journals, and of "the other scientific witnesses" in this action in this twentieth century.

But now the editor of the *Medical Press and Circular* proceeds to "point the moral" as far as concerns homœopaths in England. This passage is such an excellent "tit-bit" for our readers' delectation that we cannot deprive them of it, and so we extract it in full:—

"For a long time past the homœopaths, in this country

at least, have been holding out the olive branch to those whom they are pleased to call 'allopaths,' or 'antipaths,' for they are tired of being cold-shouldered by the self-respecting members of the profession. and they are willing, as expressed by the mouths of some of their leading spokesmen, to give up their sectarian character. No doubt it would suit them well to be able to meet scientific physicians in consultation in dangerous cases, and to have eminent surgeons to operate on their patients when they are in difficulties, so long, that is, as they can retain the hold that they have on the section of the public who see magic in the blessed word 'homœopath.' But the homœopathic practitioner cannot have it both ways, and while he professes to practice a hole-in-the-corner system he cannot expect scientific men to meet him and recognize him as one of themselves. In this country, as in Germany, it may not be legal, or even scientific, to call a homœopath a 'quack,' if a quack is taken to be 'a boastful pretender to medical skill that he does not possess,' but the gulf that separates the man who holds the pathology of disease to be the basis of rational treatment from one who holds that pathology is irrelevant to treatment, and that the 'vitality (*sic*) of symptoms' is the true guide to the prescription, is one that cannot be bridged. The homœopath of to-day is certainly very far removed from the enthusiast who held that the 'itch was the cause of seven-eighths of all chronic diseases,' and that 'by the trituration (*sic*) and succussion of drugs there is an actual exaltation of medicinal power, a real spiritualization of the dynamic property, a true, astonishing unveiling and vivifying of the medicinal spirit.' They have indeed given their master the go-by in almost everything; they do not scruple to use remedies that confessedly act on allopathic principles, and they admit the virtues of such a radical antipathic ally as surgery. In fact the homœopath now is very much of an eclectic, and when he hears a method of treatment is doing good he does not wait to see if it acts on the '*similia similibus*' or the '*contraria contrariis*' principle before adopting it in his practice. He reserves his globules of bryonia and his pilules of pulsatilla for old ladies who have not much wrong with them, and for children who will get well if not treated much with anything, and if taxed with inconsistency, he will exercise a deal of casuistry to show

that a potent treatment, such as antitoxin in diphtheria, is quite admissible under homœopathic rules. Indeed, the most wonderful thing about the modern homœopath is his aptitude for sophistries, and the amount of ingenuity he can expend on showing that in spite of all appearances he remains a homœopath, is worthy of a better cause. But in so far as the homœopath is removed from a quack and approaches to 'allopathic' standards, it is difficult for the unsophisticated to believe in his disinterestedness, and, quack or no quack, it behoves the medical profession to give him a wide berth while he continues to obtain practice on the pretence of having some esoteric principle up his sleeve. When he confesses that he is prepared to drop his sectarian title and to do what is best for his patient, irrespective of system or creed, it may be feasible to absorb him into the general rank of the profession. But that day is not likely to come in this generation."

While we forbear to characterize this remarkable editorial pronouncement in terms that the natural man feels inclined to adopt, we confess to a sense of utter surprise at it. We could hardly have believed that in the present day such sentences could have been penned by a self-respecting editor of a medical journal. The amount of mis-statement, misrepresentation, and ignorance of homœopathy shown in it is unique. The "holding out the olive branch" to allopaths by homœopaths is so far true, but not in the sense implied by the editor of the *Medical Press and Circular*. Homœopaths are quite ready to admit and to state "by the mouths of some of their leading spokesmen" that they regret that there should be such a thing as divisions in the medical profession, and that there need not be other than one large body of medical practitioners, in which freedom of opinion and practice is not only permitted, but recognized as right and proper. But here is the *crux* of the question. Homœopaths maintain that such freedom of opinion and practice cannot exist till the old school agrees to recognize openly and frankly that the law of Similars is true, and that the practice deduced therefrom is not to be tabooed as unscientific and wrong, but that any duly qualified practitioner may practice in accordance with this law without fear of ostracism. And, further, that,

as a corollary, all societies and public appointments should be open to them as freely as to members of the old school. With such terms as their *minimum*, they are ready still "to hold out the olive branch," and will continue to do so till their terms are accepted. Till then they prefer to remain as they are, even at the cost of being "cold-shouldered" by "the self-respecting members of the profession"—not a very grievous penalty to pay for their fight for what they hold to be the truth.

But it so happens that at the present time the "olive branch" is being held out prominently, not by us, but by the old school; not in England, however, but in America and Canada. In the former advanced country several old-school societies, backed up by more than one journal, as we pointed out in our leader of last month, have been advocating the policy of inviting homœopaths to join them, but there, again, the terms are such as to have elicited a unanimous declinature, as the "self-respecting" homœopaths prefer to remain as they are until *their* terms are accepted.

The editor of the *Medical Press and Circular* speaks of homœopaths "giving up their sectarian character." How often shall we have to repeat that we are not sectarian, and decline altogether the soft impeachment? It is the old school who maintain that "sectarian character" by tabooing those who simply fight for liberty of opinion and practice, and who, being thrust into this position against their will, are obliged to distinguish their principles and practice by some word that describes these. Call the one A, and the other B—it comes to the same thing. Things that materially differ must have *some* term to distinguish them in common *parlance*, and no other better word than homœopathy has ever been suggested, since it explains clearly wherein our principles and practice differ from that of the old school. To reiterate our position for the hundredth time seems to be like pouring water on a duck's back so far as men of the type of the editor of the *Medical Press and Circular* are concerned. But all the same we once more state it.

As to consultations, the editor, in his "high-toned" manner, seems not to be aware that such consultations with "scientific physicians" and "eminent surgeons" are

never sought for now, as we have in our own ranks both "scientific physicians" and "eminent surgeons" of such position as to render any consultations with the old school quite unnecessary. Occasionally our patients wish to have the opinion of well-known members of the old school, and we have not the slightest objection, but it is from no desire on our part to have such a consultation, but merely to gratify our patient, or his friends, who are usually the moving spirits in proposing such a consultation. Occasionally in country places where there is only one homœopathic practitioner, he, in a difficulty, would, of course, be glad of outside help, but nowadays even this is usually rendered unnecessary by calling in consultants from London and the other large cities. The sooner the editor of the *Medical Press and Circular* takes this in, the better.

In the passage "the gulf that separates the man who holds the pathology of disease to be the basis of rational treatment from one who holds that pathology is irrelevant to treatment, and that the 'vitality (*sic*) of symptoms' is the true guide to the prescription, is one that cannot be bridged" the editor of the *Medical Press and Circular* shows an astonishing amount of ignorance as to homœopathic principles and practice. To talk of the "vitality of symptoms," etc., is amazing. He has probably heard of the phrase "totality of symptoms," but he seems to think that "vitality of symptoms" is quite as good, if not a great deal better, though it reads as absolute nonsense. We are at a loss to understand what he means by the "vitality of symptoms." Some unusually charitably-minded persons might suggest that this is only a printer's error, but it is very difficult to suppose that in an editorial, a very important word like this, and printed in inverted commas also, could possibly have passed the editorial correction and not have been noticed. We can suppose charitably that the word "trituration" instead of "trituration" may have been overlooked, but even here we have our suspicions that the printer is not altogether at fault. But as to the main statement in the passage just quoted, he is just once more serving up hot one of the most ancient misrepresentations of homœopathy in saying that to homœopaths "pathology

is irrelevant to treatment." If he does not know otherwise, the sooner he learns the truth the better. Homœopaths know their pathology as well as the old school, and the pathology of a disease can never be "irrelevant to treatment." The knowledge of pathology is not only of the first importance in diagnosis, by pointing out what organs are diseased, and what manner they are so, and so letting the physician or surgeon know what they have got to treat, but in cases which sometimes occur, when symptoms are few and indecisive, pathology comes in to be of value in aiding the selection of the remedy. But, on the other hand, when the pathology of the case is obscure, as often it is, and when, consequently, diagnosis must be more or less tentative, and may be a subject of difference of opinion among quite a number of doctors, then the homœopathic rule of selecting the remedy according to the "totality of the symptoms"—not the "vitality" of them—comes in with great effect. We maintain that, whatever the pathological view of the case may be, the disease presents itself to our observation by the symptoms caused by the pathological process, these symptoms including the objective as well as the subjective ones, and that the correct rule for treatment is to find a remedy which will "cover" in its pathogenesis all (the totality) or most of these various symptoms which are palpable when looked for. In so doing we *know* that we are prescribing a remedy which not only acts on the diseased organ, but acts in a similar manner to the disease itself by causing in large doses in the *healthy* body exactly or nearly similar symptoms to the case of disease in question. This method of prescribing not only does not ignore pathology, or is "irrelevant" to it, but simply places it in a secondary position as a guide to therapeutical treatment, while it often throws much light on the true meaning of the symptoms developed in the pathogenesis. And would the editor of the *Medical Press and Circular* be surprised to learn that such views are now taking root in the old school? Every now and then we find articles in the old-school journals by "self-respecting," "scientific," and "eminent" men advocating the importance of attending minutely to the symptoms—subjective as well as objective—as a guide to treatment, and remarking on the current plan of ignoring subjective symptoms. These we have noticed from time to time, as showing

how gradually, but surely, one after another of HAHNE-MANN's views in regard to therapeutics is being admitted as correct. The "gulf," therefore, is being slowly but surely "bridged" in spite of the *dicta* of our contemporary.

We must notice the fling at Dr. JOHNSTONE's Congress paper on Serum-therapy, when the editor speaks of the suggestion that antitoxin in diphtheria may be really explainable on the principles of homœopathy. This is evidently too big a pill for him to swallow, but we leave that to him. Also the sneer, which we refrain from characterizing, that the homœopath "continues to obtain practice on the pretence of having some esoteric principle up his sleeve." Were this true, we should be ashamed of ourselves, and homœopaths would very soon vanish, as in all other phases of life they are generally known to be honourable and straight, and incapable of such meanness. But how can the editor of the *Medical Press and Circular* write this sort of thing, knowing, as he must, or at least ought to know, that we do all we can to proclaim our views and the results of our practice; that we have the most perfect Hospital in London existing for the sole purpose of practising our principles openly, and so benefitting the poor; that we have journals whose whole *raison d'être* is to propagate what we know to be the truth in medicine, and that we have courses of lectures and of clinical instruction for the same object? So far from "the pretence of having some esoteric principle up our sleeve," our whole aim is, besides curing diseases, which of course stands first in importance, to make our great law of Similars as widely known as possible, believing that its universal adoption is only a question of time, and that as a matter of duty and in the interest of what we believe is the greatest truth in medicine ever discovered, we are bound to do so. Our chief difficulty is to get an audience for our preaching and writing. Our lectures are only listened to by a limited number, and our journals are hardly ever seen by the old school; while admission for articles on homœopathy in the old-school journals is refused, and even advertisements of our lectures and books are declined by them. So much for

this paltry sneer of pretending to have an esoteric principle up our sleeve.

Lastly, the editor of the *Medical Press and Circular* says that homœopaths actually "admit the virtues of such a radical antipathic ally as surgery." It is the first time that we have heard that surgery is antipathic. We were always under the impression that surgery and medicine were sister hand-maidens in the treatment of diseases, and that surgery has its own place in the treatment of cases which are beyond the reach of medicine. But, all the same, many cases which are relegated to the surgeon are curable by homœopathic medicines. This latter fact, however, has only a side-bearing on the absurd statement above quoted.

The rest of the article is too paltry for further notice in detail, and it answers itself to the mind of anyone who is not hopelessly prejudiced. It may be asked, why waste ink and paper, to say nothing of time, in replying to such an article at all? It is a very natural question. The editor of the *Medical Press and Circular* no doubt accurately gauges the ignorance of his readers on the doctrines and practice of homœopathy, and knows what they like to be fed with, but as there is a bare chance that our reply may meet the eyes of some of these, and enlighten them on certain points, we think it a pity to let the opportunity slip. We know that certain toxins can only grow in suitable soils, so we venture to prescribe a homœopathic dose of antitoxin in hopes of cure, or at least of amelioration. For the benefit of such interesting patients we draw their attention to the remarkable fact that the article we have been criticizing is written thirty years after the publication of the well-known work on Therapeutics of RINGER in this country, and many years after that of BARTHOLOW in America—works that, emanating from members of the old school, have been praised by the journals, have been greedily absorbed as containing much "new" treatment, and have done, perhaps, more than any openly homœopathic works to leaven the old school with homœopathy. "Look on this picture and on that."

"SIMILIA SIMILIBUS CURENTUR," IN RELATION TO SCIENCE, POLITICS, CULTURE.¹

By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the London
Homœopathic Hospital.

(Continued from p. 534).

PART III.—CULTURE.

"Culture, which is the endeavour to see and learn the truth, and to make it prevail.—ARNOLD ("Culture and Anarchy").

**Similia
Similibus
Curentur as
Culture.** § I.—An examination of Homœopathy as Science, or facts and law; and as Politics, or the practical administration of this Science, might be held as encompassing the essentials of a full-orbed review. What, then, does Culture in this galley? The warrant for its inclusion is not far to seek.

Culture, its chief apostle tells us, is characterized by two prime qualities—to see and learn the truth, and the endeavour to make it prevail. How could more appositely be stated its peculiar and especial bearing on the preceding topics of this morning's discourse? Science and politics, knowledge and practice, what we know and what we do are unified and co-ordinated by Culture as a higher authority, which enlarges our horizon, and assigns our place in the world's work: gives clear insight into our problems, and legitimates our action.

**Our Pressing
Problems:
Culture as
Guide.** § II.—Truly the problems on which we desire clear guidance are important enough. How are we best to maintain our connections with the future?

Hitherto we have been "*voces clamantes in deserto*"; shall we continue to shape our course thus, or yield to a stream of tendency which would land us in the professional establishment?

Is our science—our facts and law—to become dominant and sweep the field, or ultimately to appear merely as a spent influence—as a qualifying agent which has done its work—a force merged into an historical record?

What of the direct effects of our detached position

¹ Being the Presidential Address delivered before the British Homœopathic Congress, at its Annual Session, July 1st, 1904.

upon us? on the contributions we make to science? on the free working of original minds among us? on the varied amenities of professional life we experience? Is, in short, our detachment a starving or a stimulating influence?

Now Culture, which strikes the essential note of progress in saying that *not a having and a resting, but a growing and a becoming, is the path to perfection*; Culture, which shows us how to keep up our communications with the future; Culture, I say, provides us with the canons of judgment for the appraisalment of our difficulties, for the criticism of our suggested remedies, for the shaping and directing of our internal politics.

Some of the foregoing, if I mistake not, are among the vital problems of present-day Homœopathy, and are at least as attractive to you as the former matter we have passed in review. To answer these questions we must get outside our organization; observe why other similar movements have risen and fallen; take stock of the historic forces which control the career of dissident movements like our own; invoke as standard and criterion the law and cause of progress.

Now here Culture has unexceptionable credentials to act as guide and judge for us in these grave practical problems. This mentor, whose function it is from the widest observation to see and learn the truth, and to make it prevail; this judge, which sweeps away a limited outlook, and insists on totality of view; this informing spirit, which tells us that a plan may be salutary and necessary for the future, and yet that the present generation may be sacrificed to it; this counsellor will tell us what of our plans are but the product of the spirit of the time, and, again, of what the foundations are permanent.

**The Judgment
of Culture on
the
Establishment
Problem.**

§ III.—Now first let us turn the stream of fresh and free thought which Culture gives, on the constantly recrudescent tendency among us to identify ourselves with the establishment. How much do we

not lose by our detachment from the main current of professional life, its breadth, its volume, its power? Not to be in unison with the stream of tendency compels us to spend much of our energy in polemics, in strenuous propagandism, which but for this could be profitably

turned to pure or applied science. Can the atmosphere and equipment of our dissident organization be calculated to attract or evolve many personalities of national mark? Perpetual prominence being given to our distinctive and differential views, can we preserve the golden mean, and not miss the operation of a well-balanced judgment? And as concerning the methods of a distributed professional culture—the Press, the societies, the educational establishments—how can the instincts of a liberal profession be potently nurtured apart from these?

So the moral seems to be plain. Let us adopt some means for identifying ourselves with the establishment; then these disabilities will cease: we shall once more be included in the main stream of professional life, find free scope for our energies, not in polemics, but in research, have all the powers and the possibilities of the establishment with us, and merge our accentuated views in the larger volume of the greater number.

Now here, Culture, with the widest possible outlook turns its free and fresh stream of thought alike on the weighty problem of our isolation, and the alternative solutions of this difficulty. Dealing with the problem as a particular instance of a general case, we are bidden to note that difficulties experienced from the lack of a powerful auxiliary, by no means warrant that the addition of this potent auxiliary would be the proper or fitting cure of the evil. History is full of cases where this fatal blunder has been made. Those who desire to see this caveat elaborated cannot do better than consult the authoritative work from which the motto of this part of my discourse is quoted. And as arbiter on our special case, Culture bids us beware lest the auxiliary whose lack we feel so acutely may, if called to our aid, not only solve our problem, but a good deal more besides, and, to cite the homely German proverb, get rid of both the bath and the baby.

Now the common but quite erroneous plan offered us for the solution of the establishment problem is specious and captivating. From the establishment side it deprecates the slur on learning that sects in a liberal profession imply (why not sects in astronomy or chemistry?); regards the freedom and not the suppression of opinion as determining the survival of the fittest; and would deal with the difficulties of the medical sectarian problem while they

are amenable to diplomacy. From the heterodox side—our side—it attaches predominant importance to the incurable ills of our expatriation from the establishment; is not unduly impressed by the scientific divergence; is intolerant of a strenuous future cast in the shades of opposition; and thirsts for unification as a more congenial, freer environment.

Now to this forced settlement the canons of Culture have much to object. First, they point out that this plan is historically an anachronism: that it is a hundred years behind the time. Excellent and statesmanlike at the very inception of the difficulty, the cumulative growth of the secession has added much history to the problem which cannot be wiped from the slate; history charged not only with indignity on one side and intolerance on the other, but also with the record of the intellectual development, the literature, the crystallized modes of investigation fashioned by the lesser body; history, the events of which have left on both sides their permanent mark, and whose memories until persistently and slowly lived down will defy all attempts at fusion.

Culture emphatically lifts up its voice against this over-valuing of what it calls machinery: it points out that establishments or secessions alike are means to an end: that this end, the learning of truth and the making it prevail, should be the paramount and inspiring purpose. "Faith in machinery," says Matthew Arnold, "is our besetting danger; in machinery, in and for itself"; and, again, "it is delusion on this point which is fatal, and against delusion on this point culture works." And under the heading of machinery, utilized to see and learn the truth, explicitly comes the resources and the spirit of the establishment; and what these have done for medical truth is within the knowledge of all of us.

The same judicial finding also makes it clear that a special fitness in time is requisite, as the basis of an amalgamation with the characters of permanence. No proof has hitherto been led that this fitness is now existent. The signs of the times do not declare it. But what the signs of the times *do* declare is that movements within the establishment, the natural outcome of our pioneer work, are slowly progressing. The conversion of the profession to the small dose, the idea of the patient and not the disease, the single remedy, the working (admitted

sometimes) of the Similar law, are proceeding according to the laws regulating progress in human affairs. Leave these historic processes alone: let no precipitancy on our part spoil the course of nature. That is our recrudescent tendency to error. We want to make our homœopathic history in a hurry; we wish to rush the pace of intellectual progress; short views are our curse; we sometimes overlook that what we have to do is to provide history with the material to work with. When we chafe at our apparently stationary position, let us then enlarge our horizon.

The application of the canons of Culture to this projected solution would be incomplete without the pronouncement that the suggested settlement could not be permanent—that the grounds of dissension would appear again and again—so convinced are we of the validity of the Similar law.

"Administra-
tive
Nihilism."

§ IV.—It is understood that the medical statesmen of the present day insist that a certain balance and proportion is maintained by the establishment; that its policy is inclusive and not exclusive; that within its canonical limits all may live and work—"paths" and "-ists" from alpha to omega—providing that no distinctive views are insisted on, no positive homœopathic teachings enunciated, no disproportion of view held. A poet so happily satirized this view a century ago in the terms of a theological parallel:—

"No Deist, and no Christian he,
No Whig, no Tory;
He got so subtle, that to be
Nothing was all his glory."

And Culture, I may say again, emphatically discountenances this heterogeneous assemblage that calls itself uniformity. It does not forget that the operation of this comprehension theory within the establishment did not preclude the denouncing of Harvey's immortal discovery; nor the discountenancing and obstruction of Jenner's work; and with one accord, in place of rising to the occasion and finding scope for Hahnemann's investigation, first abused and finally ignored it.

The trend of Culture, then, is away from this suggested settlement of our problem. Alike on the count of its neglect of the historic factor, of its over-valuation of the establishment as machinery, of the arrest it would effect

of our distinctive tendencies, and of the moral certainty of providing grounds of scientific dissension, we cannot accept this as our guide of conduct. Elsewhere, then, we must look for the area for our fruitful work.

What lead, hint, or explanation will Culture give us of our present position, and its relation to the future? How, in a word, may we best maintain our connection with this future?

A "Concurrent
Establish-
ment" and the
Sanction of
Culture.

§ V.—Consider now the alternative of a concurrent establishment—one with equal rights and privileges, with equal rank and equal powers to train, examine, and qualify, holding throughout a similar status to that of the major sect.

To such a foundation as this the canons of Culture could allow no objection. Given the indications of power to establish it—that our equipment of school, and hospital, and teachers, and general appointments came up to legal requirement; that we were obviously administering the desideratum of a weighty part of the nation—in such a case there is no sound reason why such an establishment should be denied us.

It would remove various difficulties, notably that prominent one that at present the medical establishment allows and teaches the views and doctrines of the major sect, without making any effort or pretence to ensure totality. It would eliminate that persistent consciousness of the bad statesmanship of the leaders in medical politics, in that a compact and abiding circle in medicine is totally left out of account, ignored with ostrich-like acumen: If the statesmen of the profession wish to raise the power and the importance of medicine in the Commonwealth, they will not do it so long as the unsolved problem of a considerable dissident body testifies to all that they are unable to overcome an initial difficulty.

Our Inter-
mediate Position:
and the
Interpretation
of Culture.

§ VI.—That our present position is but an intermediate one is plain without demonstration. Its interpretation on the lines of Culture seems to be this: (in the exact words of the leading authority,) "A tendency may be necessary, and even as a preparation for something in the future, salutary, and yet that the generations or

individuals who obey this tendency are sacrificed to it." Could any statement of our position be more apposite? any phraseology put it with more point?

Our position of isolation, our necessary detachment, is that we may work out with more thoroughness, investigate with more initiative, the facts underlying the Similar law, its scope of operation, its relation to other cognate laws, and its inclusion in a higher law of still greater generality. Hahnemann broke away from the establishment, and we have accepted the continuity of his work; detached we shall remain until our work is done, and then, even if we make no move, the averaging processes of human development will again bring us into contact with the broad stream of medical life.

In the meantime we personally are being sacrificed for it. The establishment is becoming homœopathized; the reforming influences are not generated from within: they are elaborated by us. From thus obtaining a clear view of our object we must plan our machinery accordingly; and what the general detail of this machinery is I have already outlined in the middle part of this address. Let us here clearly comprehend that it is because of our necessary excess; our ever putting homœopathy first; our leading it into the solution of all problems relating to the cure of disease and its prevention; our incessant trying and testing of it under all circumstances—it is for this necessary excess that we are penalized. There is absolutely no help for it: it is part of the cosmic order; we must obey. If we give up our position, the same discoveries will be made, but made by others, in a different way, and from other sides; we give up also the forging of a weapon which it is our clear duty to hammer at until shaped and perfected. In the meantime we are being sacrificed to the necessities of progress. Harmonious perfection is the ideal of Culture; Culture has many agents: in our sphere we are one.

**Homœopathy
as a Legalized
State
Institution.**

§ VII.—I have placed this question first because I heartily feel—we all heartily feel—the disabilities and defects which professionally accrue from detachment from an establishment; the evil and the deterioration wrought to medical science by monopoly; the stimulus and the impulsion that each branch would receive when

on terms of legal equality. I would urge *this* end as one to be unflinchingly contended for. It would give homœopathy to that keenest of tests—the survival of the fittest; and we are not afraid of that issue; and in concurrent establishment I see the only fair solution of our present difficulty. It lies now with the statesmen of medicine—those whose predecessors should have averted the enormous solecism of disruption—to mend and repair this anomaly, eliminating thus from themselves and from ourselves the appearance of sectaries, and once more rising to the ethical dignity of a liberal profession.

**The Real
Import of our
Detached
Position.**

§ VIII.—Man is a creature of large discourse that looks before and after, as well as round about him; and about our present our historical guide is clear.

Our body of adherents, our organization, our public institutions, collectively constitute a whole which is specialized for the purpose of investigating and developing the powers of the law of *Similia* and its congeners. Our warrant for our detached existence is that we may develop these far better—specialized for the work—than in the traditions and environment of the establishment. This, then, is our clear mission, our *raison d'être*; with a scientific basis, to make our investigations grow from more to more; to be before the slow drift of the mass; to carry out pioneer work unfettered by conflict with received opinions.

**Our Present: a
Specialization
for a Definite
Necessary
Work.**

§ IX.—Our work is to investigate with a free hand and clear outlook the facts of nature as seen by us; to carry out the full mission of a scientific specialization, seeing what is to be seen, noting results without

fear or favour, and perpetually verifying our work and conclusions; not whittling down and shaping facts and observations in vain attempt at concord with the spirit of the time; in general, recognizing our function and accepting our position and its necessity to work out the problems of our special science. The amount of spade work visibly within reach of us is enormous—the facts and laws regulating the adjustment of the dose; the causes which ally the action of drugs and diseases are, in their formal expression still wanting: still embedded

in the facts of nature : waiting for that fuller inductive research which will translate the implications of our daily experience into defined propositions. Our specialization, then, is requisite and necessary because of the law of progress, and because of the precedents of history. It is requisite and necessary for the complete investigation and development of *Similia* and its congeners ; because it is pioneer work, and cannot yet be homologated with the currency of the establishment ; and because it is the only assured way of maintaining our connection with the future.

§ X.—*When* is our detachment—our specialization—to end ? Properly, when we have done our work, and made good in completeness and entirety our mission.

Our work is not done yet : far from it. It is a double-sided unity : the one side, the full working out of our facts and laws—that is the side of science ; the other, the homœopathizing of the profession—that is the side of history. The latter part of our vocation has proceeded unabated from almost the first days of our heterodox cult. The disappearance of mercurializing ; of routine leeching and bleeding ; of "heroic treatment" of various types ; of heavy dosing ; the appearance of the small dose ; the single remedy ; the unconscious frequent adoption of the Similar principle ; the treatment of the patient rather than the later symptoms merely—these constitute in all their detail fair evidence of the continuous homœopathizing of the profession. The former part of our vocation—the ardent cultivation of observation, of research work, of investigation into the powers of nature and the methods of nature in the treatment of disease—this part of our vocation, though less dramatic, requires our best brains, our most unwearied persistence, our fullest support ; for this is the vital, the growing, part of our organism, and if we do not grow we cannot give.

Our specialization will end when we have developed our science so thoroughly that it is no longer matter for debate ; when with fuller development comes greater certainty, greater precision, a wider sweep of operation ; when we have reached this *terminus ad quem* the necessity for our detachment—our specialization—will have disappeared.

How is our
Detachment to
Terminate?

§ XI.—And now to the final and most interesting question of all. *How* is our specialization to end? Are we to sink our differences, smooth over the distinctive principle, drop the advanced views, and be absorbed into the main stream of medical life? Certainly we may, if, to use a striking phrase of Professor Tyndall's, we prefer intellectual peace at the modest price of intellectual death; with the reassuring certainty that others will take up our work in other ways, pursue our investigations from other standpoints, compass our ends, though more circuitously and with more difficulty, and rightly obtain that olive crown which we refused. To conceive this, however, is to conceive the inconceivable, and to suppose the ununsupposable; our end is not that way.

Let us re-address ourselves to the question, How is our specialization to end? If we are to continue, possibly for generations yet, working out as a detached body the salvation of therapeutics, what of the final issue? If what we look to is the final dramatic exclusive triumph of ourselves and our organization, the reception of homœopathy into the establishment with open arms, to the sweeping exclusion of hitherto received opinions, I grieve to say there is no warrant for such a chimera. History is not built that way.

Truly such a dénouement might suit our vanity; but if it is the victory of truth that we desire, and not the glorification of our own methods and efforts in bringing it about, we must be prepared to take our triumph in some other fashion.

Two alternative issues present themselves. When we extend the range of our homœopathy by further important discoveries; when we bring from darkness to light those cognate laws of which *Similia* is the centre; when nature, still full of hidden facts grouped round the Similar law, when nature is further worked by patient seekers; then new and important issues bearing on health and disease cannot fail to arouse the interest of skilled critics as new and verifiable facts in medicine. These new results would, as is customary, lead independent observers to similar work—at first critical, next confirmatory. Then the homœopathizing of the profession will proceed from within.

The other alternative way is less pleasing. Should the

raison d'être of our separate existence and the proper function of our specialization be missed; should we not always see with clear insight that search and discovery are of yet more vital and pressing importance than practice itself, we cannot expect to stimulate much homœopathizing of the profession from within. True, this is ultimately to be expected; but the issue will be immensely postponed, nor will the work be ours. Rather shall we appear historically as the earlier manifestation of a stream of tendency, which, arising from various sources and called by various names, was ultimately turned to account in the broad fields of the establishment. We shall have accomplished something, for to have started a stream of tendency is *something* achieved; but our power of evoking work on our own lines, and similar to our own, will belong to ancient history; our doctrines will persist, but we shall be a spent force. This is the fate of causes that do not set themselves to grow; and Culture thus describes this type of achievement: "We have not won our political battles, we have not carried our main points, we have not stopped our adversaries' advance, we have not marched victoriously with the modern world; but we have told silently upon the mind of the country; we have prepared currents of feeling which sap our adversaries' position when it seems gained; we have kept up our own communication with the future." Yes, and when all this is said and done, it is rather a broken-winged achievement.

§ XII.—One of the great thinkers of the Victorian age vividly puts it that "The individual is required, under pain of being stunted and enfeebled in his own development if he disobeys, to carry others along with him in his march toward perfection, to be continually doing all he can to enlarge and increase the volume of the human stream sweeping thitherward." These are our marching orders, obvious and precise; they include our duty here and now, and effectively meet our obligations to those who come after us. Our broad scheme of politics—the fashioning of our corporate conduct for the greatest good—has to include the future as well as deal with the present. Ruskin has it that "Our part is not fitly sustained on the earth unless the range of our deliberate and intended usefulness include not only the companions, but the

successors of our pilgrimage. This earth . . . belongs as much to those who are to come after us as to us ; and we have no right, by anything we do or neglect, to involve them in unnecessary penalties, or deprive them of benefits which it was in our power to bequeath. Men cannot benefit those that are with them as they can benefit those who come after them."

Ladies and Gentlemen; permit me to convey to you my cordial thanks for the patient and discriminative attention you have kindly accorded to me this morning. In this review of *Similia* as related to Science, Politics, and Culture I have throughout regarded it as a human interest, both as a truth to hold and to make prevail, and as a practical measure for the relief of human suffering. I should be repentant indeed if all that remained of this morning's discourse with you was a mere memory of an academic exercitation. Rather I would have it as a stimulus to pursue more zealously than ever the task imposed on you and me to aid with all our powers in the relief of sickness and pain. This is the dominant human interest, and in its unflagging pursuit it has the divinest example and warrant. It is what, on the moral side, this consciousness that we hold a truth has stimulated us to do for others ; it is how far to this end it has made us to "scorn delights and live laborious days" ; it is its compelling power with us as a truth which once clearly seen has to be followed ; it is such and similar results which are the personal tribute we pay to the law of *Similars* as a beneficent influence for mankind. For practical purposes it is important not only what truth we hold, but how we hold it ; and it is this seeing and learning the truth, and making it prevail, in this our day and generation, that will continue as an abiding influence when your personalities and mine have dropped out of the strenuous life, and are as impassive as the portraits on these walls.

ON INTRA-ABDOMINAL PHTHISIS IN CHILDREN,
AND ITS HOMŒOPATHIC TREATMENT.*

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WHEN your Secretary did me the honour of asking me to contribute a paper on this subject, I was at once impressed with the responsibility of the task before me.

The British Homœopathic Congress is the most representative gathering of homœopaths in this country. The members travel long distances from all parts of the kingdom for this annual re-union, and the day passes all too quickly, so that we regret we are unable on these occasions to put back the hands of time; but as this is impossible, and the time at my disposal is limited, I shall endeavour, as succinctly as I can, to place before you the latest views on this widely prevalent disease.

The germ theory of disease is well illustrated in the subject before us. The specific organism of this disease is well known, and can be easily identified by the microscope. (A slide showing the bacillus tuberculosis highly magnified was here thrown on the screen.) It can be obtained in pure cultivation, and the virus or toxin, which results from its growth, can be filtered off from the bacillus, and this is used by us in high attenuation, as what I regard as the most valuable medicine we possess in combating tubercular diseases. Further, this *Bacillus tuberculosis* can be inoculated into animals, and it will then produce tuberculosis in them. Tuberculosis, then, depends on the presence of this particular bacillus; without it there is no tuberculosis, with it we have tuberculosis in its various manifestations.

The lower animals also suffer from tuberculosis, due to a similar bacillus or to the same bacillus modified by its host.

There is no disease which is more widely distributed throughout the world, and there is no organ in the body which may not be attacked with tubercle. Our remarks are, however, limited to the disease as it attacks the abdominal organs. The disease may occur here, either

* Being a paper read at the British Homœopathic Congress held in London, on July 1st, 1904.

primarily, or more commonly as part of a general infection of the body, other organs being attacked elsewhere. Tubercle may attack the liver, spleen, kidneys, uterus, ovaries, or Fallopian tubes, or a mass of tubercular deposit may be found to exist by itself, when it gives rise to ambiguous symptoms.

Such was the case of Rhoda K., a young woman whom I recently admitted to the hospital, with anomalous symptoms, and a large tumour was found in the pelvis. Its nature was not a little puzzling, and only after a laparotomy was its true character discovered. The female generative organs are occasionally the seat of the primary disease. The young and old are comparatively immune from tubercular peritonitis of pelvic origin, although it is quite common in children from other sources. According to Kelly, tubercular peritonitis of pelvic origin seems often to afford immunity from tuberculosis elsewhere. The commonest of all the abdominal organs to be attacked, however, are those connected with the alimentary canal, and the peritoneum. Ulcerations of the intestine, enlargement of the mesenteric lymphatic glands, and tubercular inflammation of the peritoneum, are the forms which will principally occupy our consideration, these being the forms which cause definite symptoms.

ETIOLOGY.—Let us now consider what are the chief factors which are concerned in the production of the disease.

In former times it was customary to consider this as a typical example of an hereditary disease—consumptive parents begat consumptive children. With the teaching of modern pathology, we have had to considerably modify these views; indeed, an extreme section of pathologists disregard the hereditary element altogether, considering it to be wholly an infectious disease. It is now well established that there are three distinct modes of transmission of the disease.

1. *By heredity.*—(a) from the father. Baumgärten artificially fecundated a rabbit with tuberculous semen; (b) from the mother, where the risk is much greater, for the placenta may be tuberculous, and this will affect the foetus through the circulation. Tubercle bacilli have been found in the human foetus removed by Cæsarian section.

Although the direct inheritance of tuberculosis is rare,

it must be regarded as possible. One writer, however (Edmund Cautley, M.D.), says, "inheritance of the disease is so rare, as to be a negligible quantity, and the spread from parent to child is in very truth by direct infection." A more important factor, however, is

2. *Hereditary susceptibility*. — Heredity has far-reaching consequences, and the transmission of the varied types we meet with are well established clinical facts. The tubercular type is a well recognized one, although some appear inclined to disregard any danger from this source, except in so far as children living with phthisical parents, are liable to contract the disease. Dr. Jas. Finlayson, however, in his recent address on "Heredity in relation to Life Assurance," pointed out the importance of obtaining data, not only in regard to the diseases of the parents and brothers and sisters, but also in regard to brothers and sisters of the parents, and the parents' parents and their brothers and sisters. He maintained that from the life assurance point of view it comes to the same thing, whether the tubercle bacillus itself is inherited (as undoubtedly it is in rare cases), or whether merely the predisposition to infection and to succumb to infection, is what descends to the offspring. The *seed* and the *soil* are equally important, and this is recognized in every insurance paper. The "seed" of tuberculosis is abundant enough, and the possibility of a special predisposition to tuberculous infection must always remain an important question in life assurance. Evidence such as this, from the commercial world, is of great value. In drawing our conclusions as to the constitution of a child, we are influenced by the same factors as the Life office. After eliciting a careful family history, we enquire after the past personal history—the diseases the child has already suffered from—then we proceed to examine the patient.

Not only directly *consumptive* parents, but those who are of poor physique from any cause, are liable to beget an offspring weakened and debilitated, presenting a soil which is favourable for the development of tubercle. Such causes are notably syphilis and alcoholism, which are frequently combined in the same individual. The gouty ancestry appears to confer a protection against the tubercle bacillus, which will not flourish in an acid medium. Children from the last of a long family, or of parents who are advanced in life, are likely to be enfeebled and lacking in resistive power also.

3. *The environment.*—This is a most potent factor in the question. Over-crowded dwellings, insanitary surroundings, lack of fresh air, absence of sunshine, are amongst the predisposing causes. Poverty, and all its concomitants, bad and scanty food, dirty habits, squalor and drink. Amongst such conditions the tubercle bacilli flourish. Böllinger estimates that 1 c.c. of sputum from a phthisical patient contains 1,000,000 tubercle bacilli. Nuttall says that one such patient will expectorate 4,000,000,000 tubercle bacilli in twenty-four hours. One can easily imagine the risks a child runs, when brought up amongst surroundings such as these, where one consumptive inmate can pollute the air to such an extent. But we must be careful to note that conditions such as these, although found principally in the hovels of the poor, are by no means exempt from homes of the richer classes. Parents will frequently overcrowd the nursery, or place their children in small rooms, with insufficient cubic space and defective ventilation. Although the open-air treatment has been preached with good effect, we still find parents sleeping two children in a bed, or sending them to public schools where they are made to sleep in small attics, and so insufficiently fed that they require to supplement their meals at the "tuck shop."

Let us next consider the *mode of infection*. As we have seen above, except in those rare cases of congenital transmission, the disease, in the vast majority of cases, is *contracted*, owing to some special susceptibility on the part of the patient, or due to the unfavourable nature of the surroundings. What are the channels by which the bacillus tuberculosis gains an entrance to the body?

There are *three* possible ways of entry: (1) through the lungs; (2) through the alimentary canal; (3) through the skin; this latter mode of entry, at all times rare, may be disregarded in children.

I have referred to the enormous quantities of tubercle bacilli a phthisical patient may expectorate in a day. This dried sputum, in the form of dust, is a potent cause in transmitting the disease. Experimentally, rabbits have been thus infected by scattering the dried sputum in their hutches; but on the other hand, in connection with this experiment, it must be remembered that all rodents are very susceptible to tuberculosis, and further, that at the Brompton Hospital for Consumption, when I

was acting as House Physician, no case of the spread of the disease to the nurses or residents had been observed, and surely in this institution the germs of the disease were numerous enough.

The alimentary canal is a less frequent channel of entry. In considering this point we are confronted with the question of tuberculous milk. In a paper I contributed to the London Homœopathic Hospital Reports, in 1899, on this subject, I quoted Dr. Sims Woodhead, who observed at an institution where the milk was supplied from tuberculous cows, that 30 to 40 per cent of the total mortality was due to this cause. And again, in a certain boarding school, five out of fourteen girls contracted tuberculosis from drinking milk from a tuberculous cow. Other observers have recorded instances where tuberculous meat has been consumed for a long period without producing the disease. Thus Schottelius fed ten families, consisting of 130 people, on tuberculous meat, eaten raw sometimes, for two years; in eleven years none died of phthisis. Koch and Schütz maintained that bovine tuberculosis differed from human tuberculosis, and that the latter could not be communicated from man to cattle. But many observers have since been able to communicate the human tuberculosis to calves, although it is not as virulent as bovine tuberculosis. The interim report of the Royal Commission, which was appointed in 1901, has just been published. The results are, as the Commissioners say, striking. Of the twenty strains of human origin, seven gave rise at once in cattle to acute tuberculosis with widespread affection of lungs, spleen, liver, lymphatic glands, etc. In some instances the disease was of remarkable severity. The other strains, with two exceptions, produced a more or less localized lymphatic infection, with at most a very small amount of tubercle in the lungs and spleen. Tuberculous material, however, taken from the bovine animals thus affected and introduced successively into other bovine animals, or into guinea pigs from which bovine animals were subsequently inoculated, has, in the case of five of these strains, ultimately given rise in the bovine animal to general tuberculosis of an intense character. In the case of two strains, the tuberculous disease produced by the inoculation was limited to the spot where the material was introduced. This occurred in two instances only, at the very beginning of the inquiry.

The disease thus set up in the bovine animal by material of human origin was compared with that set up in the bovine animal by material of bovine origin, and the Commissioners report that the one, both in its broad general features and in its finer histological details, was identical with the other. They have failed to discover any character by which the one could be distinguished from the other, and state that their "records contain accounts of the necropsies of bovine animals infected with tuberculous material of human origin, which might be used as typical descriptions of ordinary bovine tuberculosis."

Although tuberculous milk is probably often given to children, primary intestinal tuberculosis is extremely rare. At the Charité of Berlin, where a very large number of autopsies are made, only 10 cases of primary intestinal tuberculosis in five years are recorded, and Baginsky, at the Kaiser und Kaiserin Friedrich Kinderkrankhaus, found no case of primary intestinal tuberculosis in 933 cases apart from tuberculous lesions elsewhere. Biedert also, found only 16 cases of the condition in 3,104 *post-mortems* on tuberculous children. These findings are in harmony with the investigations of our countrymen, Drs. Carr and Guthrie. In the *British Medical Journal* for May 14th last, Dr. Hunter, Government Pathologist at Hong-kong, records the results of 5,142 consecutive autopsies, 35 per cent being children under 5 years old. Out of this large number only 13 cases of intestinal tuberculosis were found, and of this 13, in 8 the condition was regarded as secondary to lesions elsewhere, and thus only 5 could be regarded as instances of primary intestinal tuberculosis. They all occurred in children under five. In these 5 cases the mucous membrane of the intestine was studded with small nodular elevations, many of which were of a yellowish white colour, and on section showed central necrosis and caseation. The mesenteric glands were found tuberculous in 3 cases. A case of primary tuberculous ulceration, in a girl of 2 $\frac{1}{2}$, is recorded and figured by Dr. Nicholl in *Archives of Pediatrics*, May, 1902. It is said that although primary intestinal tuberculosis is rare, primary tuberculosis of the mesenteric gland is by no means uncommon. Sims Woodhead found it in 14 per cent of all cases of tuberculosis in children, Carr 5 times in 120, Grawitz and Griefswald 4 times in 1,104 necropsies. Schlossmann

and Shers, however, believe tuberculosis of the mesenteric gland to be as rare as primary intestinal tuberculosis.

Dr. Hunter concludes his remarks as follows :—

1. Primary tuberculosis of the intestine is rare in children under 5.

2. Tuberculosis of the mesenteric gland is also rare.

3. Results obtained amongst a native population where tuberculosis is rife in all forms, point to the alimentary canal as a rare avenue through which infection in tuberculosis is conveyed in childhood.

Dr. Koch, in his celebrated address in London in 1901, said there was a difference between the bacillus of the human being and of cattle. The Imperial German Commission, which was appointed to investigate these matters, confirmed this view : (1) that there is a distinct difference between human and bovine tuberculosis ; but also (2) that bovine tuberculosis is conveyed to children by means of infected milk, although they add, not to any great extent. The findings, you will observe, are opposed to those of the recent report of the British Royal Commission. Is it possible that patriotism has influenced the findings ?

Dr. Raw, writing on this subject in the *British Medical Journal* for May 28th, 1904, says : “ I believe that man is attacked by two distinct varieties of tubercle, one conveyed by infection from one person to another, the other by receiving into the body bovine bacilli from infected milk.

“ It is important to bear in mind that although primary intestinal tuberculosis is extremely rare, *yet primary infection of the mesenteric glands is comparatively common* : in children the tubercle bacilli *pass readily through the walls of the small intestine*, and are conveyed by the lymphatics first to the nearest glands, and then by direct extension throughout the abdomen, and in many cases through the diaphragm to the pleuræ, lungs, and bronchial glands. This process of extension to the lungs I have met with in many cases, and the numerous feeding experiments on animals have confirmed it.

“ During the last seven years I have had under my care 306 children suffering from what I have diagnosed as “*tabes mesenterica*,” meaning by this tuberculosis of the mesenteric glands. A large proportion of these children recovered under careful treatment, whilst of the total number I had an opportunity of making a necropsy on 48.

There can be no doubt that the abdominal glands and organs may be infected from the *thorax downwards* as well as from the intestine. In several cases it was obvious that the primary infection was through the lungs, and that the child by swallowing the sputum had infected the abdominal organs. On the other hand, the majority of cases showed primary infection of the digestive tract with secondary lymphatic extension to the chest, and in some cases to the meninges. My cases of acute miliary tuberculosis all appeared to be of intestinal origin, and bovine in origin.

"The following are very brief notes of three cases of primary intestinal tuberculosis:—

"CASE I.—A child aged $2\frac{1}{2}$ was admitted to Mill Road Infirmary on June 13th, 1903, with the usual symptoms of intestinal tuberculosis. There was great emaciation, with enormous distension of the abdomen, with diarrhœa and offensive stools. The history of the child's feeding was carefully taken. It was fed on the breast till 14 months old, then on cow's milk, which was usually bought at a milk shop or in the street. Enlarged mesenteric glands could be palpated through the thin abdominal wall, but the lungs showed no trace of disease. The usual treatment was adopted, careful feeding, and various nutrients, but he died on September 10th, 1903, having made little effort to improve.

"At the necropsy there was great emaciation. The intestines showed extensive ulceration of the ileum and cæcum, with enormous enlargement of the mesenteric glands. Some of the lymphatic glands on the anterior surface of the vertebræ were much enlarged, but the viscera were not affected, and the lungs appeared to be quite healthy. There were two recent perforations of the intestine near the cæcum, with local peritonitis.

"CASE II.—A girl, aged 2, was admitted on June 29th, 1903, with all the symptoms of abdominal tuberculosis, constant diarrhœa, distension of the abdomen, and enlarged glands which could be easily palpated. The milk history was carefully taken. Child fed on the breast for ten months, then cow's milk which was never boiled. In spite of all treatment she died on August 22nd.

"The necropsy revealed a condition almost exactly the same as Case I. There were fifteen to twenty typical tuberculous ulcers in the ileum, with perforation of three

of them and matting of the bowels. The mesenteric and abdominal glands were caseating and enlarged, whilst the lungs were quite healthy.

"CASE III.—A child, aged $1\frac{1}{2}$, was admitted on March 13th, 1904, with cough, diarrhœa, and in a general hectic condition. She had a curious spasmodic crowing cough resembling whooping-cough, and she was isolated on that account. She died in ten days.

"At the necropsy extensive ulceration of the intestines, with old cheesy mesenteric glands, and a general lymphatic extension to all the abdominal viscera, then through the diaphragm to the pleuræ, which were studded with grey tubercles, apparently quite recent. The bronchial glands were enlarged and compressing the trachea.

"In conclusion, whilst I admit that primary intestinal tuberculosis is extremely rare in children, yet in my experience tuberculosis is very frequently conveyed to the digestive tract by infected milk, the bacilli readily passing through the intestinal wall into the nearest lymphatic glands, leaving no visible trace on the intestine.*

"This tuberculosis is not true human tuberculosis, but is bovine in origin, and may rapidly spread to all the viscera in the body, or may remain (as it most often does) localized in the mesenteric glands. Hence it is that, whilst tuberculous milk will not produce human tuberculosis, it nevertheless sets up bovine tuberculosis in the human body, more especially in children, and is even more virulent to children than the human variety."

The abundance of lymphoid tissue in children, and the readiness with which lymphatic glands will enlarge from slight sources of irritation, is also a factor which must not be lost sight of. The readiness with which lymphoid tissue proliferates in the naso-pharynx, producing adenoids and enlarged tonsils, is remarkable in early life. Arbuthnot Lane considers the naso-pharynx as the part

* Burdon Sanderson at the Hygiene Congress of 1891, said "The tubercle bacillus is capable of finding its way into the lymphatic system without leaving behind it any traces of its presence at the portals by which it gained admission." Cornil and Babes have shown by experiments that bacilli introduced into the intestine of the guinea-pig can pass through the epithelial covering without the epithelium being injured, and are diffused in the tissue of the mucous membrane; they enter very rapidly by the lymphatic channels into the mesenteric glands. The same observers state also that they have followed, in tuberculosis of the pharyngeal mucous membrane, the passage of bacilli between the intact epithelial cells covering.

of the body which is especially liable in children to the invasion of organisms.

A catarrh of the mucous membrane will cause the glands connected with the drainage area to inflame. In the same way, improper food will cause irritation of the mesenteric glands. This morbid irritation is especially liable to happen in children of a tubercular stock. When the vitality of the tissues is thus lowered, the tubercle bacillus (which is so generally distributed) gains an entry, and the disease is established.

Varieties of the disease as it exists in the abdomen :—
As I have already stated, tubercle may be found in *any* organ of the body—and thus it occurs in the liver, spleen, kidneys, supra-renals, and vermiform appendix; the pelvic organs, particularly the ovaries and Fallopian tubes, are not infrequently primarily attacked, and from these the disease may spread to the peritoneum.

In the *Jahrbuch für Kinderheilkunde*, the case of a girl aged 5 is recorded, who died of meningitis and general tuberculosis, which had originated in the uterus and Fallopian tubes. Seven similar cases are reported; or the genital organs may be affected secondarily from the peritoneum, or *via* the circulation. Occasionally solitary masses of tubercular origin are met with in any part of the abdomen, and may then simulate disease in the neighbouring organs. Such cases are very misleading, as was the case of Rhoda K.

But the most common varieties of the disease are where it attacks the mesenteric glands or the peritoneum. If the lymph nodes are the chief seat of the disease, we describe it as *tabes mesenterica*. If the peritoneum is attacked, there are at least two well-marked varieties: (1) the ascitic; (2) the plastic.

From the nature of the disease it is well-nigh impossible to draw hard and fast lines of distinction according to the various organs affected, as the one merges into, and is associated with the other. The following table, which I have constructed, embraces the principal varieties of the disease :—

PRINCIPAL CLINICAL FORMS.

| | | |
|------------------------|----|--------------|
| Tabes mesenterica | .. | .. |
| Tubercular peritonitis | .. | Ascitic form |
| | | Plastic „ |

| | | |
|---|----|--|
| Intestinal ulceration | .. | { Cæcum Rectum Ileum |
| Tubercular masses | .. | { Irregular in form and distribution. |
| Tubercle developing in abdominal organs | .. | { Liver, kidney, spleen, suprarenals, pancreas, etc. |
| Tubercle developing in pelvic organs | .. | { Ovaries, uterus, Fallopian tubes, prostate, bladder. |

Of all the above varieties, *tabes mesenterica* is far and away the most frequent. 59 per cent of all the deaths from tubercle at the Hospital for Sick Children were due to this cause. There is almost invariably a history of long-continued indigestion, probably the mother has been unable to nurse the child, or has had to supplement the supply with artificial foods of an unsuitable kind. The too early resort to starchy foods, or giving the child just what the parents eat, has produced a catarrh of the mucous membrane of the intestine; at the same time the lymphatic glands have become irritated and inflamed. Miss McNaughton, who has had much experience in India, tells me children suffering from *famine* frequently develop mesenteric disease, and die with greatly distended abdomens, but all other parts are wasted away. Here, no doubt, scanty and unsuitable food has caused the mesenteric glands to inflame and become tuberculous. Indigestion with colicky pains results, the abdomen enlarges, the child wastes, intestinal ulceration often complicates the case, and with it we get offensive diarrhœa. In the early stages the skin is dry and harsh, the hair lustreless and dry, anæmia increases and may be profound. The cheeks are pale, and eyes sunken and with dark circles around them. The lashes are long and silky, the eyes bright. The appetite is poor and capricious, the tongue pale and never clean, and all the time the abdomen steadily increases in size till the skin gets thin and shiny and is marbled with arborescent veins. There is a peculiar odour about the child, like the smell of mice, which is at once peculiar and unmistakable. There is occasionally a slight rise in the temperature, or it may continue persistently sub-normal. The sleep is bad, and disturbed by dreams. The disease is essentially chronic, and if left untreated, the course it runs is from bad to worse.

(To be Continued.)

REVIEWS.

A Sketch of the Treatment of Cholera. By MAHENDRA LAL SIRCAR, M.D., C.I.E., D.L. Second edition, revised and enlarged. Calcutta, 1904.

THE first edition of this work was published thirty-three years ago. It soon went out of print, and Dr. Sircar was constantly urged to bring out a second edition. This he was prevented doing, from the amount of other work he had in hand, until his last illness which terminated fatally not long ago. During this illness he revised the book and enlarged it so that the present edition is three times the size of the first. He had done it all but the last ten pages, which his son has left as in the first edition.

Though called a sketch of the treatment of cholera, it is much more, as a full account of the disease is given, its etiology, pathology, and morbid anatomy, diagnosis and prognosis. In the part on Treatment, Dr. Sircar, before describing the homœopathic treatment, gives a very fair and candid description of that of the old-school, showing how all allopathic modes of treatment have been failures, as judged by the writings of old-school doctors, who have no faith in the methods they adopt.

The larger portion of the work is taken up with the homœopathic treatment, which is very full, and clear, and altogether admirably done.

In fact, Dr. Sircar's book is the most complete monograph on cholera that we have in the English language. As there has been no epidemic of cholera in England for many years, our colleagues may not have sufficient interest in the disease to read this book. But to those who wish to have the fullest account of cholera that can be had, we commend heartily this able work of our deceased and distinguished colleague.

Essentials of Diseases of the Eye. By A. B. NORTON, M.D., Professor of Ophthalmology in the New York Homœopathic Medical College and Hospital, etc., etc. Philadelphia: Boericke & Tafel, 1904.

Two years ago we had the pleasure of reviewing Dr. Norton's larger and complete work on Diseases of the Eye, and according it hearty and well-merited praise. The aim of the present work is different, and it is best gathered from the Preface. Dr. Norton says: "For several years a demand has been made upon the author for a condensed work upon the eye,

which should exclude all theories, technical terms and phrases, and which should give, as concisely as possible, the essential features of eye diseases, together with their homœopathic treatment. In this little manual the aim has been to so simplify the study of eye diseases that the student and general practitioner may gain in a short time a practical knowledge of, at least, the more common diseases of the eye. . . . Infrequent conditions, and those of interest chiefly to specialists, have been but briefly mentioned. The common diseases that general practitioners are called upon to treat, have been given with sufficient fulness to supply a practical working manual. In a book of this size it would be impossible to give the homœopathic treatment in detail; the remedies given are those the author has found most frequently of service, and the indications given are the characteristic, and in most cases verified symptoms, which can be relied on. In an experience of nearly twenty-five years, the author has seen many an eye lost that should have been saved by correct treatment at the beginning. Observation has demonstrated that the general practitioner as well as the student, looks upon the eye as an exclusive speciality, to be avoided rather than investigated. The result of this attitude has been detrimental to the best interests of the physician, and too frequently calamitous to the patient."

There is no doubt that a book with this aim is wanted. The general practitioner has neither time nor opportunity to study, with proportionate advantage, an elaborate book on the eye, and yet he ought to be well prepared to take in hand such cases as he meets with, at least in the beginning. No one is more fitted, from his long experience, and his reputation as a very distinguished oculist, to write such a work as Dr. Norton, and we congratulate him upon the publication of a most valuable book. The general practitioner will find here a concise account of all he requires to know in the various forms of eye disease, while, in the method of treatment, Dr. Norton follows the only feasible and practical method for such a work. He avoids giving long alphabetical lists of medicines with boiled-down indications, but names the few that his own long experience has shown him are required in the majority of cases. Such results of practical experience are worth pages of mere lists of drugs with general indications. The drug symptoms are given sufficiently fully for general practice, and bear the marks of being the result of personal observation and personal *imprimatur*. When it is desired to study any drug more fully, the practitioner will, of course, resort to the *Materia Medica* to supplement what he has got from Dr. Norton.

We warmly recommend this book as a most valuable one, one that will fill a blank in the homœopathic literature of eye diseases. It ought to be in the hands of every general practitioner for ready reference when occasion requires, and he will not be disappointed.

First Lessons in the Symptomatology of Leading Homœopathic Medicines. By H. R. ARNDT, M.D. Philadelphia : Boericke & Tafel, 1904.

In the Preface, Dr. Arndt says that his little book "is merely a collection of symptoms, pathogenetic and clinical, with which a student should become familiar by recitations in the class-room before he enters seriously upon the study of the homœopathic materia medica. The perfect memorizing of these symptoms should constitute the materia medica work of the freshman year." At the top of each remedy he gives "the sphere of usefulness in the sick-room," followed by a short, concise notice of the main indicating symptoms. This sketch of the sphere and indications of each drug, are followed by a "Regional Index of Symptoms" for ready reference and comparative study.

The idea of the work is an excellent one, and it is well carried out. We commend it to all students beginning the study of homœopathic medicine. They will find it a great help as an introduction to what is really a difficult study, when conscientiously pursued.

Presidential Address delivered before the American Institute of Homœopathy. By JOHN PRESTON SUTHERLAND, M.D.

THIS is a very able address, and an important one, well worth reading and digesting. We hope, as soon as we have space, to reprint it entire.

The Surgical Clinics of the Massachusetts Homœopathic Hospital. For the quarter ending March 3rd, 1904. By NATHANIEL W. EMERSON, M.D., Boston, Mass.

THE cases here recorded are of unusual interest, so much so that we hope to reprint them when we have space.

NOTABILIA.

HOMŒOPATHIC PRACTICE IN SCARBOROUGH.

OWING to the death of Dr. Flint, there is an opening for an energetic man to assist Dr. Ross. Full particulars will be given to applicants by Dr. Ross, The Elms, Vernon Place, Scarborough.

CORRESPONDENCE.

THE SUBJUNCTIVE MOOD AND HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRs,—The Subjunctive Mood has always given rise to the greatest difficulty in the study of Latin: it bids fair to be as troublesome in homœopathy. When I had the honour to lecture before the British Homœopathic Association last February, I fondly hoped (and fully intended) that I had said my last word on this troublesome mood. Those specially interested in the matter should refer to *Arnold's Latin Prose Composition*, as edited by Dr. Bradley (late Master of University College, Oxford, and formerly Head-Master of Marlborough College). It is used to express, not a *fact* which we *indicate*, but something which we regard rather as a mere conception of the mind, as that which we purpose, or *wish* to be a fact.

(a). *It may make a statement*, but it does this in a *hesitating and uncertain* manner. In English this would be expressed by the auxiliaries "may," "might," "would," "could," "should." This use of the subjunctive is largely adopted in the Houses of Parliament, e.g., *hoc dicere ausim* = "this I would venture to say"; *hoc affirmaverim* = "this I would (or may) assert." In these cases we may supply a suppressed condition, as "if I were allowed," or "if you should ask me, I would venture to say," etc.

(b). *It may ask a question*, e.g., *Quis credat?* = "who would believe?" (a virtual *negative*). So also it is used to express perplexity or hesitation: *Quid faciam?* = "what am I to do?" This is a "rhetorical question" and is not asked for information. If it had been asked for information, it would have been *Quid mihi faciendum est?*

(c). It is largely used in the so-called "jussive" sense, to express *wish* or *desire*—*Quod Di bene vertant* != "and may the Gods bring this to a good issue!" In all its uses there is an idea, implicit or explicit, of *uncertainty* or *contingency*, and we can never get rid of this idea or forget it. Its function is to give *counsel* or advice, not to issue *commands*.

In the September *Review* a correspondent seems anxious to do battle "in the interests of a dead language." I would remind your correspondent that not only is the language "dead," but that it is in an advanced state of decomposition, and I propose that we give the "remains" decent burial, and let the subject rest in peace. In any case this "dead hand" cannot be allowed any control over the living Science of Therapeutics, which *is* homœopathy.

In his Presidential Address, Dr. Burford has set us an example of clear thinking which I hope all of us will imitate. It must be clearly understood that homœopathy does not consist merely in the right or the wrong translation of Latin "tags"; and whether we say "*curantur*" or "*curentur*" can in no way affect it. It is not a question of this or that "view," this or that "belief," this or that form of government. None of these can rank as "fundamentals" or things necessarily true. Homœopathy is a question of *Law*, and there is nothing doubtful about it—except our knowledge of its *Materia Medica*. Dr. Burford has shown very clearly and convincingly that we rest on the solid ground of Nature, and that both logic and science are overwhelmingly on our side. Hence it is in strict harmony with other natural sciences, such as physics or optics. In these we have two sets of independent phenomena connected together by a "law" or "laws" showing their general relations. In homœopathy the two sets of independent phenomena are: (a) On the one hand the sick body known by its phenomena; (b) On the other hand the medicinal agent, also known by its phenomena; and connecting the two and expressing the general relation between them a *vinculum juris*, which we call the "law of cure," and which tells us how to apply medicinal agents so as to cure the sick body. Now if it does this, what in the name of Common Sense does it matter how we translate the "dead" language in which it is encased. Hahnemann did not make the law, he merely gave expression to it, or tried to. It was in existence before he was born—indeed from the beginning of time, and will be to its end. Then let us leave such petrified organic remains to the fossilized professors of Latin: we have something better to do. Let the dead bury their dead: our work is to heal the sick.

When I first began to see the light, had I not believed that

the law of cure was planted firmly on the solid bed-rock of Nature, and not a mere question of "beliefs" or "views," of this or that cult, I would never have given it a second thought. Had I then thought it was merely one out of many possibly right and good methods of cure, I would never have left the Old School; and if my faith in the universality of the law was not as strong to-day, I would go back to the Old School with my tail between my legs, like any other whipped cur, and cease to preach and practise so impotent a gospel, which, unless universal, is no gospel, but only the devil's counterfeit..

If homœopathy is not *the*, and the *only* Rational system, *the* and the *only* science of therapeutics, why should the group of medical men practising it be separated from the general body of medical practitioners? If it is *the* and *the only* science of therapeutics, then we are bound, as honest men, to keep ourselves apart, since the dominant school has cast us out. We may regret the necessity of this step, but we cannot do otherwise, for as scientific men we have no choice in the matter. Union, at the expense of truth, is not worth having. The truth has made us free, and we cannot again put our necks under the yoke of bondage of a mediæval empiricism, even though it struts about in the borrowed plumes of science. I sometimes think that the chief reason why homœopathy does not spread faster than it does, is because of a lack of definiteness and precision about our profession and practice, and this can only arise from laziness or a want of faith in the truth and universality of our science. None of us can be perfect in its application, *but do we try to be?* It is all very well to call ourselves "miserable offenders" on Sundays, but do we *try* to be anything else during the week? Or do we use the phrase with a smug sanctimonious smirk as if there was something meritorious about it, as if it was a grateful and comforting *bonne bouche*?

I am unable, as a scientific man, to convince myself that there can be more than one great basal law of cure. It seems to me that if there is more than one, Nature is no longer uniform, and has departed from her usual method. Take the great law of gravitation announced by Sir Isaac Newton. "Every particle in the universe attracts every other with a force whose direction is that of the line joining the two, and whose magnitude is directly as the product of their masses, and inversely as the square of their distance from each other." Can we imagine that *in some few cases* another "law," reading thus, holds good?—

"Every particle in the universe attracts every other with a force whose direction is *at right angles* to that of the line

joining the two, and whose magnitude is *inversely* as the product of their masses, and *directly* as the square of their distance from each other."

Such a state of affairs is manifestly absurd, and it seems to me just as absurd to imagine that there can be more than one great basal law of cure; in other words that while *similia similibus* holds true in *most* cases, yet in some few cases *contraria contrariis* is the rule.

It is true, we may call the former the "*law of cure*," and the latter the "*law of palliation*," but the difference between palliation and cure is wide as the poles asunder, in fact so wide that they have nothing in common, and should not be named in the same breath. Our resort to palliative measures is probably in most cases due to our imperfect knowledge of our *materia medica*, and not necessarily a confession that homœopathy is inadequate, but that our knowledge of it is defective. Palliation is no part of the system of Homœopathy, though its practitioners may be driven at times to adopt palliative measures, *e.g.*, in cases of great pain, hopeless so far as cure is concerned, and perhaps again, in cases where we have failed to find the *simillimum*, though such exists. But even in cases of great pain hopeless so far as cure is concerned, the "*indicated remedy*" is often more powerful for the relief of pain, than the strongest opiate, and there is no vicious reaction in the opposite direction afterwards, so that even here one should not be too ready to *assume* that homœopathy is inadequate.

I am Yours, etc.,

JOHN M'LACHLAN.

38, Beaumont Street, Oxford,
September 20th, 1904.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 *Mayfair*.

Dr. POPE's Address is Holmleigh, 10, Approach Road, Margate.

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. J. REGINALD JONES (Colwyn Bay); Dr. THARANI (Kurachi); Dr. DIEFFENBACH (New York); Dr. M'LACHLAN (Oxford); Mr. KNOX SHAW, and Dr. JOHNSTONE (London). Messrs. JAMES EPPS & Co. (London).

. Dr. J. REGINALD JONES, late of Birkenhead, has removed to "Wayside," Conway Road, Colwyn Bay.

Messrs. JAMES EPPS & Co., Ltd., have removed their West End Branch to 60, Jermyn Street, S.W.

BOOKS RECEIVED.

The Surgical Clinics of the Massachusetts Homœopathic Hospital, by Nathaniel W. Emerson, M.D., Boston. *First Lessons in the Symptomatology of Leading Homœopathic Remedies*, by H. R. Arndt, M.D. Philadelphia: Boericke & Tafel, 1904. *Essentials of Diseases of the Eye*, by A. B. Norton, M.D. Philadelphia: Boericke & Tafel, 1904. *A Sketch of the Treatment of Cholera*, by Mahendra Lal Sircar, M.D., etc. 2nd edition. Calcutta, 1904. *The Homœopathic World*, September. *The Vaccination Inquirer*, September. *The Calcutta Journal of Medicine*, April. *The Indian Homœopathic Review*, August. *Nova Medica*, September. *The Northampton Daily Reporter*, September 13. *The Homœopathic Recorder*, August. *The Medical Brief*, September. *The Medical Advance*, August. *The Homœopathic Envoy*, September. *The Medical Century*, September. *The Clinique*, September. *The Pacific Coast Journal of Homœopathy*, August. *The Medical Times* (New York), September. *The Hahnemannian Monthly*, September. *The North American Journal of Homœopathy*, September. *La Propaganda Homœopatica*, Mexico, September. *Homœopathisch Maandblad*, September. *Allgemeine Homöopathische Zeitung*, August 25, September 8 and 22.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

CONSULTATIONS BETWEEN THE TWO SCHOOLS OF MEDICINE.

“CHESNUTS,”! we fancy we hear our readers exclaim on seeing the heading of this article. It is such a worn-out subject that one considers there is nothing new to be said on the question. But this time quite a new idea has been sprung upon us—one that we have never heard before, and it is too delightful to pass over without notice. Even on a trite subject concerning the medical profession, if any new light is turned on, we, for the sake of history to be written in the future, feel it our duty to chronicle the fact, and also the way in which it is received by the old-school journals. In the “Medico-legal and Medico-ethical” department of the *British Medical Journal* of June 18th, we find the following:—

“A Consultant writes: Many members of the profession take an entirely different view on the subject of consultations with homœopaths from that expressed on p. 1228 of the *British Medical Journal* of May 28th. The question is not in any sense one of practice, but of ethics. The average general practitioner takes a much more correct view of the matter than many consultants, and the latter are much to blame for the countenance which they have given to homœopaths, and therefore to homœopathy. A man who gives himself out to the public as practising a

special system of therapeutics is not one that any consultant who has the honour of his profession at heart should be willing to meet. There is a sordid aspect of this support given by consultants to homœopaths which all the sophistry talked on the matter cannot hide. The profession of homœopathy would probably have vanished by this time if the attitude of consultants towards those who profess it had been correct."

The first part of this "CONSULTANT'S" letter is the old story, which is not worth our notice. But it is the last sentence that contains the new feature in the question. "The profession of homœopathy would probably have vanished by this time if the attitude of consultants towards those who profess it had been correct." To think of such results as the possible or probable consequence of old-school consultants adopting a "correct" attitude towards homœopaths is enough to send a cold shiver up our backs! We shudder to contemplate that "the profession of homœopathy would probably have vanished" had it not been for the well-known and uniform readiness of consultants of the old school to consult with homœopaths! and we cannot feel too abundantly grateful to them for preventing our vanishing from the scene by their kindness and sympathy. We breathe more freely when we contemplate the possibilities, to say nothing of the probabilities of such a catastrophe, which have been thus prevented. But we were under the impression that the whole question of consultations between the two schools has arisen from the studiously "correct" attitude of the old school in regard to consultations; and yet in spite of this nearly uniformly "correct" attitude, will it be believed that we have not yet "vanished," but that we are more in evidence than ever, more alive and militant than ever. Moreover, we are so far from vanishing that we have now within our ranks consultants, medical and surgical, of such standing that consultations with the old school are now-a-days hardly heard of or thought of, except at the desire of interfering friends who insist on having a finger in the pie. And the question every year tends to become one of ancient history. This "CONSULTANTS" view of things as they are and as they might have been, is truly delightful, as it introduces a nice bit of the comic element into an otherwise serious subject, and has the merit of being thoroughly original. We should like to have known the name of this

"CONSULTANT," that we might have congratulated him on his brilliant idea, but he evidently thinks discretion the better part of valour, as he refrains from bringing his name into the light of publicity.

But the "CONSULTANT" is not a man of one new idea only. His second one is contained in the sentence immediately preceding that which we have quoted. Here it is—"There is a sordid aspect of this support given by consultants to homœopaths, which all the sophistry talked on the matter cannot hide." He would seem to suggest—and we cannot read any other meaning into it—that when consultations have been held it has not been owing to a liberality which the "CONSULTANT" seemingly cannot conceive, but to the greed of fees. We are astonished at such a suggestion, and on behalf of any consultants who have met homœopaths, we scout such a miserable insinuation. It is said that "it is an ill-bird that fouls its own nest," and we are told by metaphysicians that a man's opinion of others is usually a reflex of his own mind. It is no wonder that he refrains from signing his name to his letter. We commend the point to the notice of his colleagues, to be dealt with as they choose. But the silence of contempt on their part to such a gross insinuation is the most dignified course to pursue.

"CONSULTANT'S" reference to the opinion given by the *British Medical Journal*, which he objects to, is as follows :

CONSULTATIONS WITH HOMŒOPATHS.

(In "Medico-Legal and Medico-Ethical" column of *B. M. J.*, May 21st, 1901, p. 1228).

"J. H. Fryer. We would refer our correspondent to the answer given under this heading in the *British Medical Journal* for March 16th, 1901, from which we quote the following passage : 'It is felt by scientific physicians that the wide divergence of views as to the selection of remedies renders consultation with professing homœopaths futile, and it is, we believe, their general practice to decline it. Surgeons, on the other hand, do not hesitate to meet homœopaths in consultation, probably because their distinguishing doctrines do not extend to surgical means.'"
This is the right and sensible view to take of the matter.

In a medical case, when it becomes a question of treatment, a consultation is, of course, futile. One or other must give way, and if neither will do so, consultation is useless. Of course, if the practitioner who calls in the old-school consultant has been doing little or no good by his treatment, he may consent to waive his own views for the time, and give the other treatment a trial for his patient's sake, and in this case, the consultation may be of use, if only to show the patient and his friends that when homœopathy has not yielded the expected result, the other treatment is equally unsuccessful. This will happen in cases where it turns out that a cause which had not been ascertainable for a certainty—say malignancy—shows itself, and accounts for failure in treatment of all kinds. But it is quite otherwise, as the *Brit. Med. Journal* points out, in a surgical case, where no question of therapeutic treatment calls for discussion. And for the same reason, a consultation turning only on a question of diagnosis may be of service to the patient and his friends, and interesting to both practitioner and consultant. But these three classes of cases are the only ones in which a consultation with any one of the old school can be otherwise than futile, and consequently, no homœopath desires a consultation in any other.

It is to be here observed that the *Brit. Med. Journal* gives its opinion as one entirely of expediency or usefulness, and not on any so-called "ethical" grounds, and it is left to the consultant to act as he pleases, while the fact that "surgeons on the other hand do not hesitate to meet the homœopaths in consultation" entirely disposes of the "ethical" question, as if it is "unethical" to meet a homœopath in a medical case, it is equally so in a surgical case.

Let us now see how delightfully the editor of the *Brit. Med. Journal* applies the cold douche to "CONSULTANT." He replies:—

"Our correspondent forgets (1) that practice and ethics are not so entirely opposed as he thinks, and (2) that the foundation of medical ethics is not the good of the profession or a section of it, but the good of society, and especially of those members of it who are sick and in need of medical and surgical assistance. Rules forbidding

consultations with individuals who have rendered themselves objectionable to the general body of the profession for any reason, can never be enforced absolutely; it is always necessary to allow for those cases in which, in the interest of the patient, such objections must be waived. Operating surgeons are particularly liable to be summoned to cases in which their prompt attendance is necessary if life is to be saved; and it would be a grave scandal to the medical profession if a patient's life were to be sacrificed to a scruple respecting the therapeutic doctrines held by the medical practitioner in attendance."

These observations are not only sensible and liberal but put the question on the right basis, and are the true "ethics" of the subject. It is gratifying to be able, for future history, to record this opinion given by such a leading old-school journal as the *Brit. Med. Journal*. Such views greatly tend to a more friendly feeling between the two schools of medicine, the members of which are trained alike, and have the same diplomas, but who differ only on one point, namely, their therapeutical beliefs, and their consequent practice. And in courageously expressing such views in print, the *Brit. Med. Journal* does a real service to the entire profession. We should fancy that any ordinary correspondent would feel snubbed by this expression of opinion, and quietly subside with something to leisurely digest, but we fear that "CONSULTANT" will look upon his snub as "sophistry," and will remain peacefully in his shell of self-satisfaction. Some men are not open to reason, and the best way is to let them remain so.

We would suggest to "CONSULTANT" that he made a grievous blunder in not addressing his letter to the *Medical Press and Circular*, which would, we fancy, have met him in a more sympathetic tone, if we may judge by the editorial which we noticed in our October number. But notwithstanding the rhodomontade about consultations with "scientific physicians" and "eminent surgeons" in that article, would it be unkind to remind the Editor of the *Medical Press and Circular* of what he said in his journal of March 29th, 1899, on a similar case to the one we have been speaking of. Under "Notices to Correspondents" we find the following:—

"F.R.C.S. writes: 'I have been asked by a homœopathic practitioner to arrange to meet him in consultation

with a view to operating on a lady patient of his. What is the medical etiquette in such a case ?'

[The case being a surgical one we think that our correspondent would not be offending any ethical rule in acquiescing in the request, especially since the Royal College of Physicians (London) have refused to lay down any general rule definitely deciding that it is unethical to meet a homœopath in consultation.—Ed.]

Although this was a question in regard to a surgical case, it will be noticed that the Editor quotes the College of *Physicians* of London, not the College of Surgeons, in support of his advice, and if he considers it not unethical to meet a homœopath in a surgical case, how is it "unethical" to do so in a medical case, barring the uselessness of it except in the cases we have excepted, since the authority which the old-school consultants have to obey—the College of Physicians—"have refused to lay down any general rule" on the subject ?

We commend this pronouncement towards the refreshing of the memory of the Editor of the *Medical Press and Circular*, and to his powers of reconciling this paragraph with the views expressed in the editorial article which we noticed last month. The art of "blowing hot and cold" as occasion may require, with dignity and self-respect, is truly a wonderful one, in fact one of the "fine arts."

ON INTRA-ABDOMINAL PHTHISIS IN CHILDREN AND ITS HOMŒOPATHIC TREATMENT.*

By J. ROBERSON DAY, M.D. (Lond.)

Physician for Diseases of Children at the London Homœopathic Hospital.

(Continued from 632.)

ILLUSTRATIVE CASES.

CASE I.—Edith P., age $3\frac{1}{2}$, was admitted Feb. 5th, 1898. Parents healthy; six other children living and healthy. Patient is sixth in the family. Breast-fed for $1\frac{9}{12}$ year, then had measles, whooping cough, and influenza. Present illness dates from an attack of influenza. The bowels

* Being a paper read at the British Homœopathic Congress held in London, on July 1st, 1904.

act as soon as she takes food, 6 to 8 motions in the day, and 2 or 3 at night, very offensive. The flesh was very wasted and flabby, the iliac and hypochondriac regions deficient in resonance. Ars. iod. 3. was prescribed, followed by iodine 3. and calc. iod. 3. After treatment, the child was practically cured, and to use the mother's expression, "not like the same child." She continues perfectly well. [Last seen June 10th, 1904].

CASE II.—Was a fine child at birth, and was breast-fed for four or five months, and then fed on various foods. At ten months she had influenza, and then the illness started, with constant diarrhœa and rapid wasting. She was under allopathic treatment until 2 years of age, steadily getting worse. At this time she was a most delicate child, with thin, scanty hair, dry skin of an earthy tint, prominent blue veins marbling the forehead. The abdomen was large, the appetite poor, diarrhœa constant and offensive. Fortunately, at this time she came under homœopathy, and the effect of the change of treatment was astounding. The diarrhœa ceased, the tongue cleared, the abdomen returned to its normal size, the hair became thick, and colour returned to the waxy features. The chief medicines used were iodine 3. and its compounds with arsenic, lime and sulphur. She is now very strong and a particularly bright girl.

CASE III.—Wm. C., age 5½, was brought to me on Feb. 29th, 1896. For two or three years he had suffered from ill health, and his bowels were relaxed and motions offensive. His father had diabetes, and the boy was constantly given improper food. His appearance was very characteristic of the disease, and is well shown in the photograph on the screen. The abdomen was large and pendulous, but no glandular masses could be felt, nor was there any free fluid. He complained of pain about the umbilicus when the bowels acted.

Iodide of arsenic was the medicine chiefly employed, and he is now quite well and the abdomen has returned to its natural size. I heard the other day he is playing in the band of the school in which he is being educated; he is now 14 years old.

CASE IV.—Geo. Ed. Wood, 2½, admitted Aug. 29th, 1901.

Family History.—Father 50, healthy, but had abscess of knee from accident. Mother 48, delicate. Maternal

grandfather died of phthisis. Maternal aunt died of phthisis, Nov. 5th, 1903. The fifth and only child surviving, four others died of bronchitis. Breast-fed for 1½.

History of present illness.—Had large abdomen, which commenced to increase soon after birth. Previous treatment allopathic, under which he steadily got worse. Motions always relaxed and offensive. Passes motions so often at night that they run away from him.

Condition on admission, Aug. 29th, 1901.—Delicate child, tubercular type, with large abdomen, lymph glands in groins and axillæ; great perspirations at night. Ars. A. 3x, gr. ii. ter. die. Tuberc. 30, miii. weekly.

Oct. 3rd.—Motions still very watery, five or six in twenty-four hours.

Oct. 24th.—Much better, bowels once or twice and not so offensive.

Nov. 14th.—Very much better report.

Dec. 5th.—Vin. iodi 3ss ter. die and tuberc. 30. On and off has abdominal pains, and mother notices if she neglects the treatment he at once begins to fail. But more or less continuously he has been under treatment.

Nov. 5th, 1903.—Abdomen much smaller and softer. Two motions in twenty-four hours, not so loose as formerly. Still perspires and very nervous. Acid. phosph. 1x ter. die.

Dec. 3rd.—Perspirations much better. Two motions in twenty-four hours, not nearly so offensive as formerly, fewer attacks of abdominal pain. Repeat acid. phosph. 1x.

Jan. 29th, 1904.—Three motions in twenty-four hours. Angles of mouth sore. Always tired. Acid nitric 3, every four hours.

Feb. 26th.—For six days only had one motion in twenty-four hours.

April 15th.—Motions are more natural, every other day. No abdominal pains.

June 3rd.—Per rectum bi-manual examination. Small mesenteric glands size of pea can still be felt, also in groins. Altogether his general condition is very much improved. The abdomen "has gone down to nothing, to what it was."

The following cases are illustrative of *Tubercular Peritonitis and Ascites* :—

CASE V.—Bertie S., age 3, admitted April 24th, 1895. Breast-fed for 11 months. Six months previously, cervical glands enlarged, and the previous February he had influenza. From this time he wasted, and the abdomen got

steadily larger. When first seen, he was so ill that he had to be carried, being unable to walk. A pale-faced child, with long eye-lashes and dry skin. The strumous glands on the right side of the neck were discharging, and the inguinal glands also enlarged. The abdomen was greatly enlarged, very tense, and with evidence of a thrill, flanks dull, lower ribs bulging out in conformity with the large abdomen. The heart and lungs were normal, appetite very good, tongue furred, no diarrhoea. Iodide of arsenic 3 was prescribed, and in three months he was running about. He made an uninterrupted recovery, and three years later came with parotitis, but his old trouble perfectly well.

CASE VI.—Lucy L., age 12. This patient presented a variety of tubercular lesions. At first she presented the *ascitic form of tubercular peritonitis*, this was accompanied with a hectic form of temperature, as represented in the chart reproduced on the screen; the evening elevations reaching 101° or 102°, with morning remissions to normal or sub-normal. Then followed tubercular adenitis, and the inguinal glands on both sides suppurated. Lastly, she came with tubercular disease of the joints. All these troubles were cured, the chief medicine being the iodide of arsenic. This patient continues perfectly well.

CASE VII.—John R., age 9½, was admitted on Dec. 29th, 1903, under my esteemed colleague, Dr. Washington Epps, with great abdominal distension, which suggested intestinal obstruction. A rectal examination proved this not to be the case, and was followed by a motion. Next morning, after a profuse sweat, the temperature fell to normal, but the abdomen continued much distended, and obviously contained free fluid.

On Jan. 4th there was still free fluid in the abdomen, but the patient's condition was much improved.

On Jan. 7th there was no evidence of free fluid in the peritoneal cavity, and the patient was eating and sleeping well.

The principal remedies employed in this case were lycopod. 30. every four hours, and tuberc. 200. once a day. The temperature on the day of admission was 102·8, but next day it fell to normal and continued so.

CASE VIII.—Ada T., age 5, admitted Feb. 1st, 1904. Patient is the first in the family, one other child is in good health. She was breast-fed, and then brought up on the bottle. The picture on the screen gives a good

idea of how she appeared on admission. She was brought for pains in the stomach, and wasting, for the last three months.

Condition on admission.—The skin was very dry and harsh, the child pale, delicate, with long eyelashes; a pinched, anxious expression; eyes sunken; temperature 97.2°. The abdomen was large and distended, and covered with arborescent vessels. She was treated at first as an out-patient with ars. iod. 3, and weekly doses of tuberc. 30, but as she did not improve, she was admitted on Feb. 23rd, 1904. Patient has an anxious expression. Bowels are relaxed and the motions peculiarly offensive. The appetite was poor, the tongue glazed and moist. Occasionally she had troublesome vomiting. There is some clubbing of fingers and toes. The temperature at first was hectic with considerable variations; subsequently, as improvement set in, it became sub-normal. The abdomen at first continued to increase in size, and there was evidence of free fluid in the peritoneal cavity; this has now disappeared, and the abdomen has reduced in size. The motions have now been normal for some considerable time, and her general condition is much improved. The medicines given have been calc. iod. 3, silica 12, and tuberc. 30.

CASE IX.—A child, Rosa S., aged 15 months, with greatly distended abdomen, the skin being tense and shiny, and the umbilicus everted, and having a marked thrill; was treated with apis 3x, which quickly removed the fluid. Strumous dactylitis and enlargement of the inguinal glands, which followed, were successfully treated with iodide of arsenic.

CASE X.—Ada T., age 10. An instance of the ascitic form, but complicated with general tuberculosis. The abdomen measured 27 inches at the umbilicus, and there was a marked thrill. There was a history of consumption in the family. She had besides extensive tubercular disease of the lungs, and breaking down of the left apex. The temperature was hectic. Under bellad. and phos. followed by ars. iod., she greatly improved and temperature became normal. But the fluid remained in the abdomen, and after consultation with my colleagues, laparotomy was performed and repeated, but without benefit, and she sank exhausted. *Post mortem*, the liver was found studded with tubercular masses.

CASE XI.—Violet G., age 13, had wasted $\frac{3}{12}$ before admission, and for the last six weeks had diarrhœa. A week previously a tumour was observed on the right side of the abdomen, which extended into the pelvis. Medicines giving no relief, laparotomy was performed, but she died, and *post mortem* the abdominal organs were found matted together, and the retro-peritoneal glands suppurating. Tubercle bacilli were found in the pus in large numbers. This was an instance of the plastic form of peritonitis.

CASE XII.—Grace P., age 3, was kindly sent to me by my colleague, Dr. Jas. Johnstone, on April 2nd, 1903. She had been previously treated at the Hackney Road Hospital for four months, and the mother was told unless she left the child as an in-patient, the case was hopeless. The present illness commenced soon after birth, when the abdomen enlarged. It has greatly increased of late, wasting very marked, and vomiting fluid once or twice a week.

State on admission.—The abdomen was very greatly distended, and large, hard masses could be felt. There was some ascites. The rest of the body was very thin, and the ribs beaded. There were no other definite physical signs. Heart and lungs normal. Ars. iod. 3, gr. ii, ter die; tuberc. 30 weekly; vin. iod. mxx ter. die.

In spite of an attack of whooping cough which complicated the case, she greatly improved, and on May 28th the abdomen measured less, although the large masses were distinctly felt.

Sept. 4th.—Abdomen no longer enlarged, but hard nodules are still to be felt. Bowels always open once or twice a day. Vomiting much less.

In *Oct.* she was so far well as not to be like the same child, and her colour was good. She now complained of abdominal pains, and motions were still offensive. Tuberc. 200. She is now practically well, that is to say after one year's steady treatment.

CASE XIII.—Jas. Stewart B., age $1\frac{1}{2}$. Admitted June 6th, 1904. Born of healthy parents and breast-fed for six weeks, then milk and barley water. He sweats about the head, and has been under treatment at the Hospital for Sick Children for six months.

State on admission.—Weight $9\frac{1}{2}$ lbs., very emaciated, flabby skin covers the limbs. The abdomen is tense and

very large. There are no teeth. Bowels are confined. Glands in the groin are enlarged, and a very hard, freely movable mass could be felt in the region of the umbilicus. Silica 30, iodine 6, alternate weeks, thrice daily, and tuberc. 30. This patient I have now admitted into the hospital, and you will have an opportunity of seeing him, meanwhile I show you on the screen how he looked on admission. He is improving and still under treatment.

DR. CHRISTOPHER BODMAN'S CASES.

(XIV., XV., XVI., XVII., XVIII., XIX.)

CASE XIV. *Tuberculosis of Intestine and Mesenteric Glands*.—Fred K., æt. 4. Has had constant diarrhœa for some months. Stools very offensive, contain much undigested food, and a considerable amount of mucus, but no blood, and are yellow, green, or whitish in colour. The abdomen moderately distended, with indefinite sense of increased resistance about the umbilicus, and enlarged glands in both iliac fossæ. Patient poorly nourished and anæmic. Both parents died from pulmonary tuberculosis. This boy was first seen last December, and was placed upon a milk diet with malted farinaceous foods. The general condition has now improved, and the patient is gaining weight and is able to take a more varied diet; the stools are less frequent and more normal in appearance, though liable to occasional relapse. The abdominal signs are less evident, and there are no abnormal physical signs in the chest. The administration of calcarea and china given in alternation has given the most satisfactory results in this case.

CASE XV.—A much more severe case of the same condition, ending in the death of the patient, was that of Emily S., aged 13, both of whose parents died from pulmonary phthisis. She was first brought under my notice as being a weakly child and suffering from a cough. In spite of increased feeding, cod-liver oil, etc., with medicinal treatment, the patient steadily lost weight, and physical signs of cavitation at the apices of both lungs became increasingly evident. On April 14th patient was seized with left-sided pleurisy, the temperature being raised to 103° at night, but gradually falling again. On the 22nd the girl complained of pain in the right iliac region, and had done so the previous night; the pain was

worse on moving; examination revealed the presence of a tender swelling with muscular resistance in the right iliac region, there being a small area of deficient resonance; the temperature had been gradually rising for the past two or three days. During this day the bowels were opened three times; there had been frequently previous attacks of diarrhœa, with slight abdominal pain, undigested food being passed in the stools, but no blood or mucus had been observed. The next day (23rd) there was more pain; the temperature, which had reached 104° the previous evening, sank in the morning to 100°; the abdomen was more distended, and the muscles more rigid; the swelling in the right iliac region was very tender, and dulness had increased to the size of the palm of one's hand; per rectum an indefinite swelling could be felt posteriorly and to the right; no rigors. After consultation with my brother, and a blood-count which showed a marked leucocytosis, thus confirming the suspicion of pus formation, I decided to open the abdomen in the region of the appendix, and evacuate the collection of pus which we expected to find there. This was done the same evening, and an abscess containing very foetid pus, situated below and external to the cæcum and extending a short way behind it, was drained; the appendix was not seen in the course of the operation, and no search for it was made. The next day the patient was fairly well, but on the 25th became much worse again, the temperature rising once more and the abdomen becoming more distended, with fatal termination the same night. At the autopsy the intestinal coils surrounding the abscess cavity were injected and matted together by lymph formation; little pus was found in the abscess, but it had been leaking into the pelvis. There were numerous ulcers in the ileum, and the Peyer's patches swollen and inflamed; the cæcum was almost completely denuded of mucous membrane, and situated in the middle of the appendix was a perforated ulcer about $\frac{1}{4}$ of an inch in diameter. The mesentery was crammed full of tuberculous glands of various sizes, many of them caseating. Both lungs were riddled with tubercle, with large cavities at the apices of each.

CASE XVI. *Case of Tuberculosis of the Intestine and Peritoneum.*—Kate K., æt. 13, first came under treatment on Oct. 12th, 1903, for pleurisy of the right side. Within five days the right side of the chest was full of fluid, and

by aspiration 3 xlv of clear fluid were withdrawn, but rapidly accumulated again, the temperature ranging from 103° to 105° every evening. A fortnight after the commencement of the illness the patient began to complain of griping pain in the epigastrium and right hypochondrium; the tongue was thickly coated with a white fur, and diarrhoea followed, the stools being watery and offensive; there was also a little vomiting. Previously to this there were signs of excavation at the apex of the right lung, with the expectoration of muco-purulent sputum, and it is quite likely that the intestinal affection was caused by swallowing some of the sputum. For the next three weeks there was not much alteration in the patient's condition, there being a constant complaint of pains in the right side of the abdomen, with tympanitic distension, and hectic temperature, and advancing pulmonary signs. About the end of this time, after taking calc. carb. 30 and iodine 3x for about a week, the abdominal symptoms lessened, the temperature gradually came down to normal, and the pulmonary disease seemed arrested. For the last five months the patient has been gradually gaining weight; there has been occasional slight pain in the right iliac region, with transient attacks of diarrhoea. Now there is no cough, vomiting, diarrhoea, or pain; the girl is taking petroleum emulsion, and gaining weight; there is a little tenderness and muscular resistance in the right iliac region, and one or two glands are palpable in the right iliac fossa. The right side of the chest is very greatly flattened and scarcely expands at all, and we would judge from the physical signs that there was little of the right lung remaining, except cicatricial tissue. At one period this case seemed absolutely hopeless, and one felt that but for the beneficial assistance of homoeopathy the patient must have succumbed.

CASE XVII. *Case illustrating Miliary Tuberculosis of the Peritoneum and Intestine.*—Albert C., æt. 10, came under treatment on Nov. 24th, 1902, for right-sided pleurisy; he was a poorly-nourished boy, never very strong. In spite of treatment the temperature remained elevated, rising evenings to 102° or 103°, and a purulent discharge from one ear developed. Fluid gradually accumulated in the right pleura, and on Dec. 6th, in addition to dulness and weak bronchial breathing at the right base, there was deficiency of resonance and prolonged

expiratory murmur at the apex of the left lung. A week later the physical signs at the left apex were more marked, and in addition there were similar signs in the right axillary and interscapular areas, with occasional crepitations. The patient now complained of undefined pains and tenderness in both iliac regions of the abdomen, but the stools were not frequent or loose, and contained neither blood nor mucus. Considerable night-sweats. On January 2nd, 1903, after taking ars. iod. for three weeks, there is a note to the effect that the boy was much better; the temperature, which had been rising to 103° and 104° at night, being now only about 99°, and night-sweats much less. There was prolonged expiration, and a few dry rhonchi at the apex of the left lung and base of the right; no abdominal symptoms. On January 31st there was again abdominal pain, this time in the region of the umbilicus, and accompanied by diarrhœa, the stools being loose, light yellow in colour, and offensive. This gradually disappeared, and the patient gained 2 lbs in weight in the next fortnight. There were occasional slighter attacks of diarrhœa subsequently, with abdominal pain, especially after starchy food or cod-liver oil, but he could take petroleum emulsion without its occasioning any looseness of the bowels. Merc. cor. was given for the diarrhœal attacks, calcarea carb. being given for a prolonged period in addition. The patient has now had no diarrhœa for a year, and has gained in weight very considerably. He has an occasional dry cough, there still being some deficient resonance and prolonged expiration, with a little dry rhonchus at the apex of the left lung. Examination of the abdomen reveals no abnormal physical sign; in fact, there has been none at any time with the exception of the slight tenderness mentioned. This case seems to have been one of miliary tuberculosis affecting first the pleura and lung, and then spreading—perhaps through the lymphatics of the diaphragm—to the peritoneum, and involving the intestinal walls. Though now quiescent, it cannot yet be assumed that the case is cured, but may still be liable to a recrudescence of the disease.

CASE XVIII. *Case illustrative of Tubercular Peritonitis of the Fibroid Variety.*—Edith H., æt. 13, came under notice on Feb. 22nd, 1904, complaining of slight abdominal pains, malaise, and constipation, all of a few days'

duration. The patient was a poorly-nourished girl, rather anæmic; temperature 99.8° ; tongue coated with a thick white fur; abdomen slightly distended; slight tenderness on deep palpation in the left iliac region; no muscular resistance; no ascites. An examination of the lungs revealed nothing definite but a little prolonged expiration at the apex of the left lung. For about a month the symptoms remained much the same, the temperature being raised every evening, generally to about 100° , but on one occasion reaching 103° ; there was occasional nausea, but no vomiting. The bowels were only opened by enemata, the stools being offensive, whitish, containing undigested food, but no blood or mucus. At about the end of this time there was a gradual improvement; the tongue slowly cleared, the abdominal pain and tenderness disappeared, and the constipation became less marked, the patient at the same time gaining weight. The girl kept in fairly good health till May 14th, when the tongue again became coated; the abdominal pain and tenderness and the constipation returned; five days later the pain and tenderness had again disappeared, but the other symptoms remain. There is now deficient expansion of the upper part of the left side of the chest, with impaired resonance, prolonged expiration, and increased vocal resonance, but no crepitations over the apex of the left lung. Merc. cor., baptisia, and ars. iod. were the chief medicines employed. Temporary improvement with subsequent relapses are of common occurrence in this condition, and the prognosis in this case must be a very guarded one.

CASE XIX. *Case illustrative of Ulcerative form of Tubercular Peritonitis.*—Robert R., æt. 5, came under notice in Dec., 1903, for chronic diarrhœa. Fairly-well-nourished child; appetite good; occasional vomiting; stools frequent, two to six or seven a day, offensive, watery, usually whitish in colour, containing mucus, but no blood; temperature slightly raised in evening. There has been some loss of flesh, but not to any marked extent. Abdomen generally distended, and percussion note tympanitic for the most part; no dulness, but deficient resonance; tenderness and increased resistance in the region of the umbilicus. All articles of diet tending to cause looseness of the bowels were prohibited, and the patient placed upon a diet consisting chiefly of milk. From this

time a gradual improvement in the condition of the patient has taken place, though he is still subject to occasional attacks of diarrhœa of moderate intensity; the frequency of the stools is much diminished, and whereas at first much undigested food was passed with the motions, there is very little so passed now, though the diet has been gradually increased and the patient is now taking ordinary food. The present condition of the abdomen is one of slight distension; no tenderness and no enlarged glands to be felt; in the right hypochondrium, just below the liver, an indefinite rounded mass can be felt which is dull on percussion, and probably represents part of the omentum rolled up by the effects of cicatrization, and which may be looked upon as an evidence of an attempt at a cure of the condition. At the apex of one lung there is prolonged expiration and occasional crepitus, but the general condition of the patient has much improved.

The chief remedies employed have been *hydrastis*, *calcareæ*, and *silica*.

CASE XX.—Elsie S., age 7. Kindly sent to me (J.R.D.) by Dr. W. Roche. Has been under the care of Dr. Schlegel, of Tübingen. She lives in the Black Forest. There is a phthisical history on father's side. She was breast-fed only three weeks. Teething late, first appeared at 1½. Has had inflammation of lungs, influenza, whooping-cough, and, last spring, measles. Since the attack of inflammation of lungs when two years old she began to get pale, and the glands of the groin increased in size. The abdomen enlarged, and motions were relaxed, with slime and undigested food.

Present condition (June 22nd, 1904).—Very anæmic, skin dry and harsh, flesh very flabby and wasted, gums and tongue anæmic. The abdomen is much enlarged; girth at umbilicus when standing 23 inches. Evidence of some free fluid. Umbilicus is everted. Bowels alternately relaxed (five or six offensive motions with mucus and undigested food) or constipated. There is no evidence of disease in the lungs or heart. A systolic hæmic bruit can be heard in precordial region and a loud murmur in the neck, where the vessels are seen plainly pulsating. The teeth are very bad—decayed and broken off. She is very listless and apathetic, and appetite poor; dislikes milk and what is best for her. Temperature raised in the evening occasionally. Ars. I. 3, grs. ij every

three hours; Tub. 30, miiij weekly. *Diet*: Horlick's malted milk, peptonized milk, whey for her thirst, whites of eggs, etc.

DR. WYNNE THOMAS' CASES.

(XXI., XXII., XXIII.)

CASE XXI.—Lily C., 13 months.

May 13th, 1890.—Ill more or less since birth; cries if moved; is very thin and white; takes very little food; vomits if she takes more than usual; bowels very costive; stools yellow; very large abdomen, very hard and tender. *Calcarea carb.* 6.

May 16th.—Hardly so well; cannot be moved without crying; takes food better; no vomiting; bowels still costive, but rather better; sweats very freely in head when asleep. Abdominal compress. *Calcarea carb.*

June 3rd.—Bowels act well with simple enema; seems no better; eats more; no sickness; cries very little; still sweats a little. *Calcarea carb.* 12.

June 20th.—Not quite so well.

June 27th.—Bowels regular now; sleeps well; no vomiting; takes food well.

CASE XXII.—Bertie S., age 2 $\frac{1}{2}$.

July 12th, 1895.—Is very thin, with a very large abdomen; appetite fair; very pale; bowels relaxed. *Ac. phos.* 1x.

July 19th.—Rather better; eats and sleeps well; frequent sweats.

July 25th.—Troublesome cough; no vomiting; sweats variably.

Aug. 9th.—Occasional slight vomiting and cough; sweats better; appetite better; seems no better in self. *Calcarea carb.*

Aug. 23rd.—Is pretty well, but sometimes sickness and early morning diarrhoea. *Calcarea carb.* 6.

Aug. 30th.—Improving; diarrhoea once.

Sept. 27th.—No more sickness or diarrhoea.

Sept., 1896.—Is very well but for keratitis of right eye.

Mother since developed phthisis.

1904.—Is fairly healthy and strong.

CASE XXIII.—S. R., 3 years, girl.

Sept. 6th, 1892.—Was healthy till eighteen months ago; since then abdomen has grown very large; large prominent

veins; wasting very much; bowels opened two or three times each day, very offensive; appetite poor; never cries; no worms. Measure: level tip of ninth rib, $19\frac{1}{4}$ inches; level tip of umbilicus, $16\frac{1}{4}$ inches. No enlargement of liver. *Calcarea carb.* 6.

April 27th, 1894.—Was in-patient at the Phillips Memorial Homœopathic Hospital four months, then went up to the London Homœopathic Hospital for two or three months. Abdomen still large; limbs very thin; no diarrhœa, but often sickness; complains of pains in abdomen. *Calcarea carb.* 30.

May 11th.—Vomited twice; still pains in abdomen; offensive stools once or twice. *Calcarea carb.*

June 8th.—No vomiting; no pain; bowels open daily, less offensive. *Calcarea carb.*

Aug. 30th.—Varies, but on whole better; bowels still occasionally loose. *Calcarea carb.* 3.

Sept. 11th.—No diarrhœa; no vomiting. *Ac. phos.* 3.

April 5th, 1895.—No diarrhœa; no vomiting.

June 7th.—Has been very well till three days ago; diarrhœa again; stools watery, frothy, grey.

Mother died two years later of phthisis.

1904.—Child well.

Analysis of the 23 Cases—1 from Dr. Epps' clinic, 6 from Dr. C. Bodman's, 3 from Dr. Wynne Thomas', 13 from my own clinic.—9 were males, 14 females. *Ages* varied from $1\frac{3}{4}$ to 13 years. *Diarrhœa* present in 16 cases, consisting of offensive, undigested stools, with mucus and blood, occasionally accompanied at some time or other with vomiting. In 2 cases the bowels were confined. In 2 cases there was no diarrhœa. In 3 cases it was not stated. *The abdomen* was much enlarged in all cases, sometimes due to ascites, or flatulence, or enlarged glands and masses of tuberculous material. *The temperature* where noted was of the hectic type; probably in all cases at some time or other there was pyrexia. *Abdominal pains* were a marked feature in many cases, or a general sense of tenderness. The skin usually had an unhealthy, waxy hue, often harsh, and dry to the touch; occasionally perspiring profusely. The veins were always conspicuous, especially over the skin of the abdomen, which was here often stretched and shiny. In all cases the limbs were wasted and covered only by a flabby skin.

Complications existed in many cases, thereby making

the prognosis worse, such as enlarged and suppurating lymph glands, tubercular disease of joints, tuberculosis of the lungs, pleurisy, otorrhœa, and rickets. In Case XX anæmia was profound.

Wasting was always a marked feature, and sometimes the first to attract attention; the mesenteric glands, which are intimately concerned with the processes of digestion, are no doubt in a measure responsible for this. The intestinal ulceration and chronic catarrh further prevent normal digestion and cause wasting.

Duration, chronic, recovery taking place in a few months, a year, or even two or more years.

Results.—17 recovered, 3 died, 3 still under treatment.

Diagnosis.—In the early stages this may be difficult, the symptoms being vague; but in well-advanced cases the diagnosis is easy. The constant fœtid diarrhœa points to intestinal ulceration. If the mesenteric glands are much enlarged they can be felt by deep palpation through the abdominal wall against the spine, or bi-manually, as suggested by Dr. Carpenter, by a finger in the rectum and the other hand over the abdomen. In this way it is possible (with bladder and rectum empty) to explore well up into the abdomen. The presence of fluid, either free or localized, in a child is highly suggestive of tubercular peritonitis, but cases are recorded of ascites in children due to cirrhosis of the liver, which must therefore be thought of. Dr. Parkinson* relates a case of colloid cancer of the peritoneum in a girl of 12 which caused ascites; or ascites may be due to cirrhotic liver. In the plastic form the masses of tuberculous material may occur in the region of the cæcum, and then be confused with appendicitis; or a sarcoma of the kidney may simulate a growth of tubercular material, or, more rarely, hydatid disease. In the slide now on the screen the abdomen of the child in external configuration resembles that of Case III; but the subsequent progress of the disease is well shown in the next slide, where secondary nodules of the sarcoma have developed. There are often vague abdominal pains complained of, which, when associated with chronic offensive diarrhœa and an enlarging abdomen, are very characteristic. At times there may be vomiting, at irregular intervals watery vomit. The

* *Reports of the Society for Study of Diseases of Children.*

emaciation is marked and profound; every part wastes except the abdomen. These patients are always anæmic, and the skin has an earthy drab tint, so different from the healthy pink of a normal child. The skin is dry and harsh; tissues are flabby; the hair is dry, thin, and without lustre. The disposition of the child is listless and fretful, owing to the constant gnawing abdominal pains, which wear the child out. Sleep is disturbed by dreams and startings. The superficial veins are very evident, and marble the surface of the skin, which over the abdomen may be tense and shiny. These patients frequently present the well-marked tubercular type; there may be tubercular lesions in other organs. Progressive emaciation, either with or without temperature, should lead to a careful examination of all the lymph glands, and in a case where the history is uncertain regarding the presence of tubercular foci in the respiratory area, attention should be directed to the abdomen, when enlarged mesenteric glands may be felt.

Prognosis.—This depends greatly on: (1) Whether the disease is confined to the abdomen; or (2) In addition, existing in other organs elsewhere. In the first case the question is a much less serious one, and if the constant and long-continued treatment which is necessary can be obtained, the outlook is hopeful. When, however, the lungs or other organs are also the seat of the disease, the chances of recovery are much less.

Treatment.—*Prevention* plays a most important part. Since the open-air treatment has been more extensively followed, tuberculosis in children has been greatly reduced. The mortality from tuberculosis in children under 15 during the last twenty years in New York City between 1883 and 1903 was as follows:—

Mortality per Thousand.

| | | | | | |
|---------------|----|----|----|----|-----|
| First 5 years | .. | .. | .. | .. | ·67 |
| Second 5 | „ | .. | .. | .. | ·49 |
| Third 5 | „ | .. | .. | .. | ·42 |
| Fourth 5 | „ | .. | .. | .. | ·34 |

Dietetic.—Of the utmost importance. The unsuitable food so frequently given to children, or obtained by them, sets up a chronic gastro-intestinal catarrh. Then the mesenteric glands enlarge, and way is made easy for the entrance of the tubercle bacillus. Pure milk is of the

greatest importance. All milk should be delivered in sealed glass bottles ; measuring milk from cans in the dusty streets is most objectionable. When the disease is established it is necessary to give the simplest foods—peptonized milk, whey, or meat-juice. Dr. Thomas recommends firm bandaging of the abdomen, which he has found useful in some cases.

Medicinal treatment is most satisfactory, and in this disease especially contrasts most favourably with the old-school methods, for Dr. Guthrie tells us: "Medical treatment then simply consists in keeping the patient at rest, in supplying a nutritious, fattening, and abundant diet, in the relief of incidental symptoms as they may arise, and, above all, in securing the advantage of open country air." Syrup of the iodide of iron, mercurial inunctions, and biniodate of mercury, with bismuth and opium for the diarrhœa, seem to be the chief medicines used. Our remedies, on the other hand, are sure and certain. All cases require at some time or other iodine, or its compounds with arsenic or calcaria ; I chiefly use the 3. centesimal dilution, or higher. Tuberculinum 30. or 200. I have the highest opinion of, and lately have given it in nearly all cases. The pathogenesis of iodine closely corresponds to this disease. Intestinal irrigation is sometimes useful, and abdominal compresses are of great value. Sea air and the open-air treatment offers the best chance.

Surgical treatment.—Laparotomy has its advocates ; in both of my cases which ended fatally, it was employed. It appears to me doubtful if, failing our well-tried medicines, it can be of any use. Watson Cheyne advises it, but Hœnoch does not, and further says, nor can we expect any better results from medicinal treatment.

The disease being so essentially chronic, it is always well to tell the patients that much *time* will be required in the treatment. Massage is of great value, and will help all cases. It may be combined with the inunction of oils. It is of great importance to protect the abdomen from chills, the nutrition being feeble.

Given the suitable means, the necessary care and patience, and the appropriate homœopathic remedies, there are few cases which can be considered hopeless, although they may have been so regarded by the old school.

The paper was also illustrated by four microscopical specimens shown under microscopes :—

1. Tubercle of lymphatic gland.
2. Tuberculosis of the liver.
3. Tubercle bacilli stained, in sputum.
4. Tubercle from pelvic growth of Rhoda K. referred to above.

These specimens were kindly prepared by Dr. Frank Watkins.

Three patients were also shown :—

Grace P. (Case XII), completely cured.

Ada T. (Case VIII), convalescent; ready to go to seaside.

Jas. S. Beith (Case XIII), with large abdomen, and the disease well marked; treatment only recently commenced.

THE ACTION OF ADRENALIN IN ARTERIO-SCLEROSIS.

By P. JOUSSET, M.D.*

ALL experimenters agree in classifying *adrenalin* as an arterial hypertensor. This hypertension is not due to central vaso-constriction, but to vascular spasm of peripheral origin (Josué, *Société de Biologie*, sitting of Jan. 10th, 1903). I would add that the hypertension produced by adrenalin is subject to the general laws of pharmacodynamics, inasmuch as it produces two successive and opposite effects; thus, one sixteen-millionth of a gramme injected into a peripheral vein determines almost immediately a considerable elevation of pressure, lasting three to four minutes, and followed by a period of hypotension below the initial one (Carnot and Josseraud, *Société de Biologie*, sitting of Dec. 20th, 1903).

This fact, so important from a therapeutic point of view, is confirmed by the experiments of Lucien Camus on the effect of adrenalin upon the flow of lymph. After its injection into the vein of a limb, the lymph-flow presents a phase of slowing and a phase of acceleration. The first corresponds to the phase of augmentation of blood-pressure, and the latter is produced when the pressure has become normal or is even below what it was before the injection.

From two communications of M. Maurice Lœper (*Soc.*

* Translated by Dr. Blackley

de Biol., 1903) it appears that adrenalin causes an extreme diminution in the numbers of the red corpuscles, produces arterial hypertension with vaso-constriction, increased energy and slowing of the cardiac contraction.

Intravenous injection of three drops of a solution of 1-1000, causes in the rabbit the lesions of chronic aortitis, dilatation and hypertrophy of the heart, calcareous *plaques* of different sizes in the thoracic and abdominal aorta; each plaque is smooth and shining, with a slightly depressed centre and sharply defined borders; sometimes they are tinted by blood-pigments. Josué adds that subcutaneous injections do not produce anything analogous to this.

M.M. Lœper and Crouzon have shown that the intravenous injection of 6 drops of a 1-10,000 solution produced in the rabbit a considerable hyperglycæmia and glycosuria. These authors noted also a considerable diminution of red corpuscles, lowering of the percentage of hæmoglobin, and very marked leucocytosis.

Such are the symptoms produced in the healthy animal (human and otherwise) by adrenalin. Let us now see what the symptoms are which are known to arise in patients whose suprarenal gland is altered or destroyed, and who are consequently lacking in adrenalin. The type of these morbid conditions is seen in Addison's disease, and also in some non-classified cachectic conditions, still including the greater part of the symptoms of Addison's disease, and corresponding to inflammation of the suprarenal gland. Physiologists have destroyed the suprarenal capsule in guinea-pigs, and produced symptoms analogous to those observed in sufferers from Addison's disease.

Some facts observed at the bedside, and others in the laboratory, may be quoted as bearing upon the subject of suppression of the suprarenal capsules.

Oppenheim and Lœper having destroyed the suprarenal capsules in guinea-pigs, observed the following symptoms: Rapid, sometimes intense, emaciation; very marked asthenia, immobility of the animals, dislike to food, diarrhœa, and death from the fifteenth to the twentieth day. The pigmentation observed in Addison's disease was wanting in the guinea-pigs. Further, in a communication read before the *Société des Hôpitaux*, M. Bernard reports a case of subacute inflammation of the suprarenal body ending in death, in which the leading symptoms were: muscular fatigue to such a degree that the slightest

movement became impossible, obstinate vomiting, and arterial hypotension.

En resumé, adrenalin has in the healthy man a constant effect upon the arterial tension. The hypertension is the phenomenon which has been chiefly noted, but there is no doubt that this hypertension alternates, in certain little-known conditions, with an opposite state of hypotension. We have not as yet heard of any experiments upon the different effects of strong and feeble doses, this is to be regretted.

Adrenalin constantly causes diminution of red globules and increase of leucocytes. It produces therefore *anæmia*. Glycæmia and glycosuria are also produced by adrenalin, and it has caused the classic lesions of chronic aortitis. We have seen, moreover, that deprivation of adrenalin in consequence of destruction or disease of the suprarenal capsules produces a pathological complexus of symptoms differing from and in some points opposed to the above. Adrenalin has, therefore, like *thyroidin*, a double therapeutic action ; it either offers to the organism the adrenalin which is lacking, as in the treatment of Addison's disease—this is opotherapy—or it influences the course of diseases by the therapeutic properties which experiment has taught us, and in this case its indications ought to be determined by the law of Similars. We ought to add that the knowledge of the action of adrenalin upon the healthy organism still presents too many *lacunæ* for us to give as absolute, the rules which we now suggest for its employment as a drug in the treatment of disease.

Adrenalin, according to the law of similars, would be indicated in arterio-sclerosis, and particularly in aortitis, in anæmia, and perhaps in diabetes. Guided by this law, I have been employing adrenalin for several years, and the preparation which I prefer is the hydrochloride of adrenalin in the sixth decimal dilution ; of this 25 centigrammes are mixed in 200 grammes of water, and a teaspoonful given morning and evening. The first time I prescribed adrenalin was in a case of extreme chlorosis, where the asthenia was so great that the patient could hardly rise to make her bed. The anæmia was profound, and the menses had been absent for several months. Anorexia and dyspepsia were so marked that nothing but liquids were tolerated ; there was obstinate constipation, great depression of spirits, and a highly nervous condition.

Previous medication had been without result; the most that had been achieved from time to time was the ability to digest a little solid food, or the diminution for a time of the constipation. On May 26th, 1902, the treatment by adrenalin was commenced, and the drug was prescribed as follows: Four grammes of the 6x trituration were divided into 16 powders, and the patient took one of these every fourth day. This treatment was continued steadily for three months, when the patient testified to a general improvement. The dyspepsia above all was relieved, and the patient began to eat and to put on flesh. The treatment was continued, but the drug was now given every day, the dose remaining the same. Improvement became more marked, and at length, on Jan. 26th, 1903, eight months after the commencement of the treatment, the menses, after being absent for several years, reappeared, and have since been regular. The constipation is less, the stomach has resumed its functions, and the patient has begun to walk out, and strength is gradually returning. The improvement is in fact very considerable.

I have also given the drug to a child, the subject of hæmophilia. The child belongs to a family where all the boys are hæmophiles, but not the girls. He takes adrenalin for a fortnight and then rests for a fortnight. Since using the drug, though he still has ecchymoses, there are no true hæmorrhages. It is only within the last few months that I have begun to prescribe adrenalin for arterio-sclerosis, and my observations thereupon are necessarily very incomplete.

I will, however, record the case of a gouty patient of 55, subject to frequent crises of angina pectoris, and for whom iodide of sodium had done nothing. The crises have entirely ceased since the adrenalin was commenced. Lastly, in two patients, the subjects of chronic aortitis, I have obtained very notable amelioration by the exhibition of this drug.—*Revue Homœopathique Française*, June 1904, p. 226.

TWO CASES OF PREGNANCY COMPLICATED BY MITRAL STENOSIS.

By GEORGE BURFORD, M.B

Senior Physician for Diseases of Women to the London Homœopathic
Hospital.

I—CASE OF A PRIMIPARA, WITH REMARKS BY
EDGAR A. HALL, M.D.

II.—CASE OF MULTIPARA, WITH REMARKS BY
A. LESTOCK REID, M.R.C.S., etc.

OF the various forms of heart disease which may complicate pregnancy, mitral stenosis is by common consent held to be by far the most dangerous. Fortunately, it is also among the least common; for according to German statistics, out of ninety-four cases of cardiac complication only five were uncomplicated instances of stenosis of the mitral valve. Probably also, in that patients with this grave affection are either advised against the nubile state, or are warned against the dangers of pregnancy, cases of this concurrence do not add to the obstetrician's anxieties with undue frequency.

Nowhere in the world has obstetrics been studied to better account than in Scotland; and to Angus Macdonald, one of the perennial race of Scottish obstetricians, is due the credit of first fully working out the clinical interactions of heart disease and pregnancy. Mitral stenosis in particular he showed to be a deadly complication of gestation, so lethal that in pronounced cases 50 per cent of the patients died. Berry Hart, another brilliant exponent of the Scottish school, followed in later time with an account of eight cases, seven of which had a fatal termination. I have to record two cases, seen in connection with my colleagues whose remarks are appended, in both of which the patients recovered, though in each instance the infant succumbed with atelectasis.

CASE I.—Mitral stenosis in a primipara, aged 24, with a previous history of very defective pelvic health. Development of cardiac crises during pregnancy; induction of premature labour at the 7½ month. Unbroken convalescence of mother, death of infant.

I was asked by Dr. Hall, of Surbiton, to meet him in consultation on the case of a young married lady into whose adolescent history had been crowded more pelvic

experiences than fall to the share of many women during their lifetime. Her pre-marital career, since puberty, had included, among other items, dysmenorrhœa of the most violent and inveterate character. After marriage she became pregnant, and miscarried in the early months of gestation. Convalescence was entirely unsatisfactory, and it ultimately was completed by a necessary curettage.

Later on she again became pregnant, and between the third and fourth month developed various circulatory crises, of which vaso-motor paresis and repeated attacks of fainting were prominent symptoms. Dr. Hall had previously discovered a mitral stenosis, and in view of this complication of the pregnancy, and the fact that her circulatory condition required complete rest in bed, a consultation was held to determine the proper course of action. It was decided to limit the patient's activities as much as possible, to watch the heart condition carefully, to treat the circulatory crises by remedial measures, and to again take stock of the condition at a somewhat later date.

Three months later I again saw the patient with Dr. Hall; her daily routine had been most carefully planned, and on the whole her circulatory condition was not materially worse. But as the *tout ensemble* was deemed too threatening to allow gestation to proceed to term, the patient was removed to a nursing home, and labour artificially induced at the seventh and a half month with Champetier de Ribes' bag. The patient was delivered with forceps, under chloroform anæsthesia, very skilfully induced by Dr. Hall, and there was no untoward event in the course of the parturition.

The child, a feeble, cyanosed infant, respired with considerable difficulty. For six hours various measures were used to induce efficient respiration, but without success, and it succumbed, obviously from atelectasis.

REMARKS BY DR. HALL.

This patient came under my care after the miscarriage mentioned by Dr. Burford, and the state of her pelvic organs was so unsatisfactory that it was considered necessary to perform curettage. This operation was of great advantage to her, and materially improved the pelvic symptoms. About this time I discovered she had mitral stenosis, and I warned both the lady and her husband of the danger she would run if she became pregnant again.

My warning, however, was not taken seriously, and pregnancy resulted. Almost from the first the heart felt the strain, and after the third month the various circulatory crises and vaso-motor disturbances supervened.

It was evident that she could not be allowed to complete the pregnancy, and after consulting with Dr. Burford it was decided to induce labour between the seventh and eighth month. The operation was very successful, and the patient made an uninterrupted recovery, no untoward symptoms resulting. Chloroform was given as the anæsthetic, and the patient took it well, there being no signs of heart-failure during the anæsthesia, which was somewhat prolonged.

CASE II.—Mitral stenosis of pronounced degree in a pluripara. Induction of premature labour at the 7½th month: unbroken convalescence of mother, death of infant from atelectasis.

This lady, æt. , was referred to me by Dr. J. H. Clarke, under whose professional care she had been for some years. She had already gone through the perils of one confinement, with the issue that she was strenuously and pointedly warned by the accoucheur that under no circumstances must she run the risk of another parturition, or she would inevitably lose her life. In spite of this explicit instruction, she again became pregnant, and the issue being of vital importance, Dr. Clarke referred her at this crisis to me.

The mitral stenotic signs and symptoms were pronounced, but as she was able to move about without much discomfort I advised a waiting policy, so that, as in the former case, the heart condition could be watched by her medical adviser, and the appropriate medicinal course prescribed. Remedial measures were so far effective, that when I saw her again between the sixth and seventh month, the cardiac condition, though threatening, had hitherto given rise to no critical symptoms.

I advised the pregnancy to continue up to the 7½th month, that labour should then be induced prematurely with the intent of safeguarding the interests alike of mother and child. Living within a few miles of Watford, I asked Dr. Lestock Reid to undertake this dangerous and difficult obstetrical case. At the expiration of the allotted time Dr. Reid induced premature labour with the same result as

in the former case, with complete recovery of the mother, death of the child from atelectasis.

REMARKS BY DR. LESTOCK REID.

"At the commencement I passed a bougie. The following day (Monday) the os was very little dilated, on Tuesday morning the dilatation was still slight, and the pains were few. I gave her a little chloroform, and dilated and separated the lower membranes with the finger. Four hours later I found the os the size of a half-crown, but there were no pains. I again gave chloroform, intending to put in a Champetier de Ribes' bag, but found the os so easily dilatable that I used my fingers instead, gradually dilating to about half the full width in the course of half an hour. She took chloroform well, needing very little, and the pulse continued regular. As there were now slight pains, I ruptured the membranes, and with some little difficulty introduced the forceps through the os, and so on to the head, which was high in the pelvis. Delivery was gradually effected; the child was born alive, but only lived a few hours, not properly expanding the lungs. Unfortunately, the placenta was adherent, and I had to remove it manually. There was not much hæmorrhage, and the uterus contracted well. So soon as she was sufficiently conscious, I gave her tincture of strophanthus, and ordered this to be repeated every four hours, she having also taken this remedy antecedent to labour.

The pulse was quite regular throughout, *until about three-quarters of an hour after delivery, when it began to intermit about every fifth beat. In about half an hour the intermittency had passed off.* She slept well the ensuing night, and the following day was fairly comfortable. The after-convalescence was unbroken."

The sentences which I have italicised in Dr. Lestock Reid's remarks contain the essential point in the management of the delivery. According to Berry Hart, it is the third stage of labour that is the most dangerous stage; in fact the critical period begins on the completion of labour. He advises no ergot to be given, even if there be free hæmorrhage, but only strophanthus, and ends with the caution, "Even if all seem right, have the patient constantly watched for the first day." I have since received from this lady a communication expressing her sincere thanks to all concerned for this safe pilotage through so dangerous a crisis. I have not hitherto had opportunity to ascertain the ultimate cardiac condition.

ON BLOCKING OF THE VEINS OF THE LOWER LIMBS AFTER OPERATIONS AFFECTING PELVIC STRUCTURES.

By EDWIN A. NEATBY M.D.,

Physician for diseases of Women to the London Homœopathic Hospital.

It is by design that a non-pathological title is given to this short paper. Had the term phlebitis or thrombosis been used, its employment would have suggested a theory as to cause and effect. For probably fifty years the terms have been used almost interchangeably. If for any length of time one expression has been predominant, this has been explained by the prevailing view of the period, as to whether inflammation were the cause of the clotting of the blood in the vein, or the converse. Until the time of Virchow, the former opinion prevailed, but his writings did much to remove this belief; while at the present day it is held that either condition may act as a cause of the other. In infective cases the old theory is often true, and in simple (aseptic) cases thrombosis oftener precedes the phlebitis. Were the scope of this paper more general than it is, it would be interesting to follow up this question, and to discuss the part which gout, rheumatism, etc., may play in causing blocking of veins.

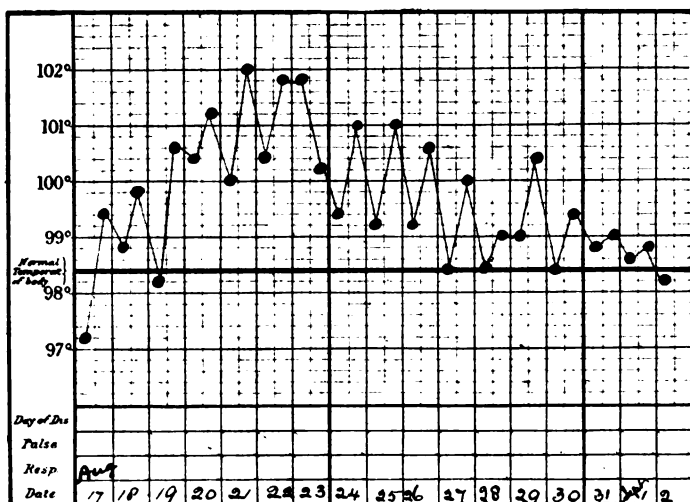
The first case which made me reflect on the causation of this condition made no very great impression on my mind *in this respect*. It occurred in the "good old times," now historic, of the early hysterectomies at the London Homœopathic Hospital. In those days, both there and elsewhere, elastic ligatures, wire *serre-nœuds*, thick silk, pedicle pins, and fixation of the stump to the abdominal wall, were still in use. In January, 1896, E. O. was admitted for an irregularly shaped myofibroma, reaching to above the umbilicus, which I removed on the 29th on account of menorrhagia. After the usual period of suspense (7 to 10 days), the patient began to do badly; septic symptoms set in during the sloughing off of the pedicle; pleurisy, etc., retarded the recovery. After the critical struggle of such complications, a rise of temperature on March 13th from 99·4° to 100·6° did not attract much attention, especially as the normal was regained in twenty-four hours. This was accompanied by pain in the right leg, tenderness to touch, and swelling of the limb as high as the knee. In three days this was

subsiding, and at the end of a week the patient was lifted out of bed. She was discharged "cured" about the 10th of April. This incident was regarded as merely a part of a widespread sepsis, although it did not lead to suppuration, as is usual with the infective cases. I do not remember if any intra-pelvic cause for this was sought.

The next case occurred a few years later, when on the tenth day after hysterectomy, blocking of the internal saphenous vein took place in a patient convalescing from hysterectomy. The blocking took place somewhat suddenly, after the patient had been propped up in bed somewhat, for the first time. Nothing was found in the pelvis to account for this, and its causation remained quite a mystery. I supposed that interference with the pelvic cellular areas had caused inflammation to spread to the femoral or saphenous vein, but there was no evidence in support of this. My faith in such an explanation was greatly shaken by the case of E. H. (R. N. 718), æt. 43, upon whom in 1899 I performed ventro-fixation of the uterus, after a long period of unsatisfactory treatment for backache, irregular menstruation, etc., due to retroflexion and prolapse. On Aug. 18th, eight days after the operation, the patient complained of "rheumatic pain" in the right calf. This was accompanied by a slight rise in temperature (*see* Chart). The pain was worse on the next day, the limb was swollen from the foot to the thigh, and the veins in the upper part of the thigh hard and tender. This was the severest case I have seen, the temperature remaining raised for fourteen days and the limb being hard and swollen, almost like a case of "white leg" after parturition. Although the patient was able to walk with help by Oct. 19th, she left the hospital with the leg still swollen, weak and stiff. In spite of massage and exercises, the stiffness remained for some years. It seemed very unlikely that there could be any essential analogy between the pathology of such a case as this, following a simple aseptic operation such as hysteropexy, and phlegmasia alba dolens on the old form of hysterectomy. Again, no pelvic swelling, hardness, or tenderness was discovered.

It was not until this autumn that this class of case again attracted attention. Two instances of this accident happened close together, and the patients occupy adjacent beds as I write. One was that of a woman aged 34, on whom hysterectomy was performed on Sept. 8th. The

operation was simple and the recovery uneventful until the 22nd. That night she was kept awake by pain in the left calf, no cause being obvious. The leg and thigh still continued painful on the 28th, but there was no œdema and no hard veins felt. On Oct. 1st the whole lower extremity was found to be swollen and hard, especially along the course of the internal saphenous vein, both in the legs and thigh. It is to be noted that the pain and swelling began in the calf and extended to the thigh. By the 10th, although the tenderness and hardness had gone,



the measurements of the left calf and thigh were still in excess of those of the right, and the whole lower left extremity was marbled with distended superficial veins. At the time of the onset of the pain a rise of temperature from subnormal to 99.4 took place.

The last of the cases was a woman, æt. 66, who was operated upon about the same time for procidentia. In her case only anterior colporrhaphy and perinæorrhaphy were performed. Here was a case in which the abdomen was not opened, but seventeen days after the operation there was pain and tenderness in the left leg (calf), the leg and foot were found to be œdematous, and some hardness was noticed in the course of the internal saphenous vein.

Ten days later, the swelling having subsided, the patient was allowed to put her foot to the ground, and by the next morning the pain, swelling, tenderness and hardness of the vein and leg had returned, and the patient was obliged to remain in bed again. The cutaneous venules became dilated as time went on, suggesting blocking of the deeper veins (*profunda*?), but this could not be felt. No abnormality was felt in the pelvis.

In considering the causation of this complication, it is noticeable that infective processes can be excluded in four out of the five cases, and in the other is but doubtful. Three followed hysterectomy, but the worst case occurred after the comparatively trifling operation of ventro-fixation. Rheumatism was present in only one case, the last, a woman aged 66. The only feature which I have traced as common to them all, is flexion of the limb at the knee joint for a prolonged though varying period. This is, of course, due to the bolster placed under the knees after abdominal operations in order to lessen the tension of the muscles of the belly wall. All the cases, it will be noticed, began below the knee. If this be deemed too slight a cause for an accident sometimes so considerable, it may be answered that it is a well-known circumstance for similar blocking to occur after a long illness, *e.g.*, enteric fever, when the patient first assumes the erect posture. These cases all occurred before the patients left their bed; one of the relapses, however, came on when the patient first put her feet to the ground. It is readily conceivable that the weakened condition of a patient after operation would retard to some extent the venous circulation, the flexion of the knee would narrow the lumen of the vein at this point, still further retarding the flow of the blood. The position may also have interfered with the circulation in the *vasa vasorum*. If any roughening of the intima were thus induced, the first element favouring coagulation would at once be provided. Pending further information then, I have arrived at the conclusion that there is no obscure and obtruse pathology underlying this accident, but simply a mechanical cause acting in an already weakened subject.

The diagnosis of this condition is usually easy. There is no rigor and general illness, as in septic cases; the symptoms are those mentioned, including in all the cases pyrexia varying from 99.4 to 102° (in the

third case). The appearance of the limb differs from lymphangitis, in that the venous hardness (when it can be felt) is much more marked and wider than that of the lymphatics; it is usually a single cord; the discolouration is wider and of a dusky hue. It is only when a superficial trunk is blocked that hardness and redness can be detected. Sometimes the softening which occurs in a limited area, as a prelude to absorption, leads to the fear of suppuration taking place. This I recently saw in a lady on whom I was asked to operate by Dr. Grantham Hill. Phlebitis had occurred from the pressure of a fibroid, and a softened area in the vein gave rise to the fear that it would break down. Again, after operation, though the case did remarkably well for a woman well over 60, the same condition recurred. Fatty degeneration of the clot and absorption usually follows without the formation of an abscess.

The treatment is simple. Time is an important element, second only to rest. The pillow must be removed from under the knees, and the limb placed on an inclined plane. I shall be careful in future, as a preventive, to keep the knee flexed for a much shorter period, raising the foot of the bed if necessary. An even layer of cotton wool should be placed round the limb, and a domette bandage be applied. If the vein is a superficial one, hot fomentations with ext. hamam. destillat. 3j ad Oj, or an application of glycerine and belladonna, should be used. I have thought that pulsatilla 12 gave me good results, but rhus is better if there is any brawny swelling. To clear up the swelling after the acute stage is over, I know nothing so good as continued elastic pressure, and sulphur internally. Manipulation of the limb should be avoided as much as possible, lest embolism—the chief danger of the condition—be induced. It is only at a late stage that massage can be permitted, and then it is of great use. The patient must rest in bed until all sign of hardness has disappeared from the veins, and until the dilatation of the venules is lessening and all tenderness and pain are gone.

NEPHRO-LITHOTOMY IN HORSE-SHOE KIDNEY.

By ARTHUR A. BEALE, M.B.

Assistant Surgeon, London Homeopathic Hospital.

THE following case is sufficiently unique and interesting for publication. The two features which mark its value are, 1st, difficulty of diagnosis; 2nd, difficulty of treatment.

W. S., a young man, æt. 30 ; occupation, coachman ; a patient of Dr. Lestock Reid, was sent to the out-patient department of the London Homœopathic Hospital, in June of this year, with the request that the bladder should be examined. The patient was suffering from hæmaturia, irritability of bladder, and pain. I examined the bladder with a sound with negative results, and gave it as my opinion that the bladder was not at fault, and that probably the trouble was in one of the kidneys. On Sept. 5th he was sent into hospital, as he still had hæmaturia and irritability of bladder, and the pain was sufficiently continuous and severe to prevent him following his occupation. The history elicited by Dr. Hayes, resident house-surgeon, was as follows : Patient had enjoyed good health up to the commencement of the present illness, with the exception of influenza in 1892. Two years ago patient felt a sudden pain in the back as if some one had stabbed him, and dates his illness from then. After this he was troubled with back-ache (which was sudden in onset and periodical in nature, at first not very frequent, but gradually becoming more so.) About eighteen months ago he noticed that he was beginning to pass water more frequently, and that the water was thick and muddy.

About four months ago patient had his first attack of hæmaturia. He had a severe attack of pain in the back, which passed round the body into the groins, and also into the testicle. He had a feeling of wishing to pass water, but could not do so. After some time, however, he passed one or two small clots of blood, and this was followed by relief of his other symptoms. He says that after this the attacks came on three or four times a week, and were generally of a similar nature to his first attack.

The blood passed has generally been in small clots, but on several occasions he has passed fluid blood in some quantity (*i.e.*, that on these occasions the blood was diffused throughout the urine). No history of venereal disease. Patient passes water more frequently than normal, and sometimes has to get up two or three times during the night. Such is Dr. Hayes' report.

On investigation I found that the pain suffered in the back and passing into the groin was bilateral, as also was pain in the testicles ; so also was the testicular retraction. The pain could not be traced into the front of the thighs,

as is usual in these cases, following the course of the genito-crural nerves, and the patient was quite sure that it had no predilection for one side more than another.

On neither side could a well-defined kidney be felt, but there was an indefinite tenderness in the region of the left kidney. All these symptoms were sufficiently indicative of renal calculus, but there was nothing definite enough to indicate the side affected.

I thought a cystoscopic examination might help us, and Mr. Dudley Wright kindly offered his services. The report was eloquent; it was to the effect that the mucous membrane of the bladder was normal, the ostium of the right ureter was normal, the ostium of the left was found prominent, contractile (as if irritable), and surrounded by a congestive area. This was interpreted as sympathetic with the condition in the kidney of the same side, and it was decided that, if any, the left kidney should be attacked. This decision being confirmed by an official consultation of the staff the operation was undertaken.

On opening into the perinephritic fat I was surprised to find nothing in the nature of a normal movable mass which one associates with the kidney, but there was a roll of smooth tissue like a superabundant psoas. After a time, however, the head of a kidney was dislodged and brought into the wound. This was large and nodular (suggestive of the embryonic state), but on tracing it downwards it was found to extend indefinitely downwards into the pelvis, and approach the bodies of the vertebræ. It was then evident that we were dealing with that form of horse-shoe kidney where the amalgamated bodies extend in a common column downwards. There was a nodular hardness in the pelvis of the kidney which could not be confirmed by a probing needle. The kidney was, however, opened in the usual method, and an oxalate calculus $\frac{3}{4}$ -inch long removed.

The horse-shoe condition of the kidney probably accounted for the indefiniteness of the symptoms (*viz.*, their bilateral nature). It was the cystoscope which decided the condition. A radiograph or skiagraph was not convenient at the time, and might have proved negative from the nature of the stone.

The patient showed signs of shock for a few days, but made an uninterrupted recovery. I think the case unique in its way.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Sixtieth Session of the British Homœopathic Society was held at the London Homœopathic Hospital, Great Ormond Street, on Thursday, October 6th, 1904, Dr. James Johnstone, President, in the Chair.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

Anent the next proposed meeting of the International Homœopathic Congress, the following resolution was unanimously passed: "That the most suitable date for the forthcoming International Homœopathic Congress would be during the year 1906, and that in order to secure the greatest number of representatives from Great Britain and the European Continent, it is desirable the meeting should take place about the middle of September."

THE LATE DR. DUDGEON.

The President referred to the serious loss the Society had sustained in the death of Dr. Dudgeon. Dr. Dudgeon had been a member of the Society since 1847. He was Secretary in 1848, Vice-president in 1874-75, President in 1879 and again in 1890. He had also been Treasurer from 1883 to 1893, and occupied a seat on the Council in 1893 and 1895. For fifty years Dudgeon had been a very striking personality in the Society. He was always interested in the subject under discussion, and usually himself contributed to it. The President invited members present to speak on the true work of the man who had gone, and suggested that his own presidential address be postponed, and the meeting adjourned out of respect to the memory of their late colleague.

Dr. Blackley said Dudgeon had been loved by them all. He challenged the world to say anything but good of their departed friend. Dr. Blackley also referred to Dudgeon's self-denying work for the hospital, to the value of consultations with him, and to his great efforts in homœopathic literature. Dudgeon was always kind to beginners in the profession, and his sense of professional propriety and morality was of the very highest.

Dr. Madden claimed the longest acquaintance with Dr. Dudgeon of any member of the Society. He considered there was no one living who had done one half as much as Dudgeon for the benefit of homœopathy. He thought the work of the Homœopathic League tracts was excellent work. Dudgeon had written thirty-eight out of forty of them.

Dr. Burford remarked that the Society had lost a number of great lights during the past few years, Hughes, Burnett, Cooper, Carfrae and others; now they had to add the name of one who among others had appeared the greatest of all. He spoke warmly of Dudgeon's great intellectual gifts, of his sympathy with colleagues in difficulty, and of his contempt of wrong and any attempt to repress freedom of thought. Dr. Burford moved the following resolution, "That this Society record on its minutes the profound sorrow of the members at the death of Dr. Dudgeon, one of its founders, and throughout one of its most distinguished members. It further desires to place on record its sense of the splendid services rendered to homœopathy by this brilliant, gifted colleague, and of the nobility and sweetness of his character. Also, to mark its sense of the honour due to his memory, that this Society do adjourn its business until the next ordinary meeting."

The resolution was seconded by Dr. Clarke, who said that no greater man than Dudgeon had been seen among homœopaths since homœopathy had come to this country. He was great as a literary man, as a homœopath, but above all as a man.

The resolution was supported by Dr. Dyce Brown, who pointed to the great satisfaction there was in looking back on Dudgeon's life. He was respected by the old school more than any other homœopathist who had lived in England. Dr. Dyce Brown read a letter addressed to him by Dr. Arthur Clifton, who was prevented by illness from coming to the meeting. The letter was a warm eulogy of Dudgeon, Dr. Clifton having enjoyed an intimate friendship with him for many years.

A letter in a similar strain had also been received by the President from Dr. John W. Hayward, of Birkenhead, and Dr. Proctor telegraphed that "Dudgeon deserved the royal title of Defender of the Faith." Letters were also read from Dr. Percy Wilde and Dr. Black Noble. The resolution was supported in speeches by Dr. Herbert Nankivell, Dr. William Roche, Dr. Goldsbrough, and Dr. Jagielski, and was carried in silence, all the members rising in their places.

Dr. Dyce Brown then moved that the President and Secretary be requested to forward a copy of the resolution just passed to the relatives of the late Dr. Dudgeon. Dr. Clarke seconded the resolution, which was supported by Dr. Byres Moir, and carried.

The President thought that some fitting memorial of their departed friend should be made. For instance, they would always like to look upon his bust when they came into that

room. In his name also some encouragement might be given to younger men to study and strive as Dudgeon had done.

Mr. Knox Shaw proposed that the Council should meet and consider the best form a memorial could assume. This was seconded by Dr. Granville Hey, as the youngest member of the Society, and perhaps one of the last to make the acquaintance of Dr. Dudgeon. The resolution was supported by Dr. E. A. Neatby, and carried unanimously. The meeting then adjourned.

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| Owen Warren, Esq. ... | 12 | 12 | 0 | The Hon. Florence Macnaughten ... | 5 | 5 | 0 |
| Miss Cumming ... | 5 | 5 | 0 | Miss A. F. Munro ... | 4 | 4 | 0 |
| H. Marnham, Esq. (for Miss Douglas Hamilton's Medical Missionary Training) ... | 12 | 12 | 0 | Miss M. S. Brown ... | 3 | 3 | 0 |
| H. Marnham, Esq. (Mr. Herens) ... | 12 | 12 | 0 | Dr. Galley Blackley ... | 3 | 3 | 0 |
| | | | | Huntington Stone, Esq. (Miss Selby's fee) ... | 2 | 2 | 0 |
| | | | | Miss Pye (Subscription) ... | 1 | 1 | 0 |

SUMMER FÊTE RECEIPTS.

| | £ | s. | d. | | £ | s. | d. |
|--|----|----|----|---|---|----|----|
| Mrs. Henry Wood (Sale of Programmes) ... | 7 | 18 | 6 | Dr. Dyce Brown (Sale of Tickets) ... | 1 | 11 | 6 |
| Mrs. Henry Wood (Sale of Tickets) ... | 22 | 11 | 6 | Dr. Roberson Day (Sale of Tickets) ... | 1 | 11 | 6 |
| Mrs. Stephenson (Sale of Tickets) ... | 21 | 15 | 6 | Lady Walsingham ... | 1 | 11 | 6 |
| Entrance fees and pas- toral play-seats at Botanic Gardens ... | 16 | 17 | 6 | Miss Fowler ... | 1 | 11 | 6 |
| Mrs. Otto Beit (donation) | 10 | 0 | 0 | Dr. Eugene Cronin ... | 1 | 11 | 6 |
| Mrs. Carter (donation) | 10 | 0 | 0 | The Lady Jane Trotter | 1 | 5 | 0 |
| C. W. Arnott Stewart, Esq. (Sale of Tckts.) | 8 | 8 | 0 | Mrs. Schloss (per Dr. Burford) ... | 1 | 1 | 0 |
| Mrs. Thirby (Sale of Tickets) ... | 7 | 17 | 6 | Mrs. Rossiter Hoyle (per Dr. Burford) ... | 1 | 1 | 0 |
| Miss Raffles (Sale of Tickets) ... | 6 | 16 | 6 | Mrs. Bonwens (per Mrs. Wood) ... | 1 | 1 | 0 |
| Miss Herbert (donation, per Dr. Burford) ... | 5 | 5 | 0 | The Lady Loch ... | 1 | 1 | 0 |
| Mrs. Torrens Johnson (Sale of Tickets) ... | 4 | 14 | 6 | Mrs. E. W. Cooper ... | 1 | 1 | 0 |
| Mrs. John Mews (Flower Stall) ... | 4 | 6 | 0 | Miss Cruikshank ... | 1 | 1 | 0 |
| Mrs. John Mews (dona- tion) ... | 4 | 4 | 0 | Mrs. J. B. Capper (per Dr. Dyce Brown) ... | 1 | 1 | 0 |
| Lady E. Durning Law- rence (donation, per Mrs. Wood) ... | 3 | 3 | 0 | Mrs. Arthur Cates ... | 1 | 1 | 0 |
| Miss Florence A. White (donation, per Mrs. Wood) ... | 2 | 2 | 0 | E. J. Laurie, Esq. ... | 1 | 1 | 0 |
| C. A. Kelly, Esq. ... | 2 | 2 | 0 | Mrs. Rains ... | 1 | 1 | 0 |
| W. Willett, Esq. ... | 2 | 2 | 0 | Mrs. T. I. Hanley ... | 1 | 1 | 0 |
| Joshua Alder, Esq. ... | 2 | 2 | 0 | Mrs. Thomas Mason ... | 1 | 1 | 0 |
| George Harris, Esq. ... | 2 | 2 | 0 | C. A. Russell, Esq., K.C. | 1 | 1 | 0 |
| Patrick Ness, Esq. ... | 2 | 2 | 0 | The Lady Ida Low ... | 1 | 1 | 0 |
| Miss E. Shadwell ... | 2 | 2 | 0 | F. W. Warren, Esq. ... | 1 | 1 | 0 |
| Miss Cecilia Porter ... | 2 | 2 | 0 | Mrs. Harvey ... | 1 | 1 | 0 |
| Lady Westland ... | 2 | 2 | 0 | J. H. Moberly, Esq. ... | 1 | 1 | 0 |
| Alderman T. Richardson | 2 | 2 | 0 | Miss Florence McArthur | 1 | 1 | 0 |
| Miss R. Dent ... | 2 | 2 | 0 | Miss Warner ... | 1 | 1 | 0 |
| Mrs. Fortescue ... | 2 | 2 | 0 | Dr. W. Cash Reed ... | 1 | 1 | 0 |
| Misses Barrett & White- law (per Dr. Dyce Brown) ... | 2 | 2 | 0 | Mrs. Mather ... | 1 | 1 | 0 |
| John Morris, Esq. ... | 2 | 2 | 0 | Mrs. H. O. Wills ... | 1 | 11 | 6 |
| Mrs. E. Oliver ... | 1 | 11 | 6 | Dr. Horace Sanders ... | 1 | 1 | 0 |
| George Franklin, Esq., J.P., D.L. ... | 1 | 11 | 6 | The Hon. Victoria Grosvenor ... | 1 | 1 | 0 |
| Hon. Mrs. Verner ... | 1 | 11 | 6 | H. Thorold Wood, Esq. | 1 | 1 | 0 |
| | | | | Llewellyn Salusbury, Esq. ... | 1 | 1 | 0 |
| | | | | W. R. Dalb, Esq. ... | 1 | 1 | 0 |
| | | | | Mrs. Burroughs (per Dr. Burford) ... | 1 | 1 | 0 |
| | | | | Major Tudor ... | 1 | 0 | 0 |
| | | | | C. A. Kelly, Esq. ... | 0 | 10 | 6 |
| | | | | Mrs. Slater ... | 0 | 10 | 6 |
| | | | | Mrs. Benecke ... | 0 | 10 | 6 |
| | | | | The Right Hon. the Countess of Kintore | 0 | 10 | 6 |

THE LATE DR. DUDGEON.

WE have much pleasure in reprinting from the *British Medical Journal* of October 8th the following obituary notice of our late venerable colleague. We think we are correct in

saying that this is the first time that any notice has been taken of the death of any homœopathic doctor by any old-school journal. We take it as a great compliment to Dr. Dudgeon, and also as an evidence of a friendly feeling which ought to exist between the two schools, which are separated from one another only by divergence in therapeutic beliefs. We trust that this friendly and generous action on the part of the *British Medical Journal* is the beginning of a new policy, as it has always seemed to us extremely small on the part of our esteemed contemporaries of the old-school to ignore completely in their obituary notices men of attainments and position, because their therapeutic convictions were not those of the majority.

"Dr. Robert Ellis Dudgeon, who died at Carlton Hill, N.W., last month, at the age of 84, was in his way a notable personage, and certainly one of the most distinguished followers of whom the cult of homœopathy has been able to boast during the past half-century. A Licentiate of the Royal College of Surgeons of Edinburgh in 1839, Dr. Dudgeon spent a year or two abroad in Paris and Vienna, and then graduated M.D. at Edinburgh. Not long after he became editor of the *British Journal of Homœopathy*, and occupied the post for some forty years, at the same time carrying on a considerable practice, and serving upon the staff of the Homœopathic Hospital. He was a man of unusual mental and physical activity, and this not being fully absorbed by his ordinary work, found outlet in very miscellaneous ways. On the physical side, volunteering, swimming, and golf all claimed him as a devotee; while, on the mental side, his literary output was large and varied in character. The subject of optics, in particular, had a great attraction for him, and in addition to several papers dealing with the subject contributed to the *Philosophical Magazine* and other periodicals, he invented a pair of spectacles for use under water. A man of much humour and a very original turn of mind, he was the esteemed friend of a considerable number of persons of distinction, social and literary, and amongst others of Samuel Butler, the author of *Erewhon*. It was probably under his influence that Dudgeon was induced to turn some of his superfluous energy into the writing of a kind of novel, a romance called *Colymbia*, dealing with an imaginary country situated under the sea, and with the ways of its inhabitants. It was not exactly a success, but contains, nevertheless, a great deal of clever writing of a kind typical of the author's peculiar turn of mind. A more useful piece of work, however, and the one which best entitles Dudgeon to a permanent place in the memory of his fellows, was the invention of the sphygmograph which bears his name—one

which is, perhaps, the handiest and most generally useful of those which have been brought out. Dr. Dudgeon's activity persisted until a very late period of life; he continued to see a certain number of patients until quite recently, and his latest literary effort was published only four years ago, when its author had almost reached the age of eighty; it is called *The Prolongation of Life*."

We have also the pleasure of extracting a similar friendly and generous notice from *The Chemist and Druggist* of Sept. 17th.

"DUDGEON.—At his residence, 22, Carlton Hill, N.W., on September 8th, Dr. Robert Ellis Dudgeon, M.D., aged 84. Dr. Dudgeon will be known to posterity principally on account of the fact that he was the translator of the works of Hahnemann into the English language. He has been for many years one of the foremost homœopathic practitioners, and he was for forty years the principal editor of the *British Journal of Homœopathy*. He was the inventor of the pocket sphygmograph and of "subaqueous spectacles." Dr. Dudgeon was an authority on the eye, and wrote a popular book on optics. He was a great swimmer and diver, and it was for use in these pastimes that he invented the "subaqueous spectacles." He had a notable share in shaping one section of the Medical Act, 1858. By the aid of the late Lord Ebury, then Lord Robert Grosvenor, in the Commons, and Lord Lyndhurst in the Peers, a clause, drafted by Dr. Dudgeon, was inserted making it illegal for medical authorities to withhold degrees from candidates who had passed all their examinations, on the ground of their medical faith. Previous to the passing of the Bill containing this provision, a number of students who had been found to have leanings towards homœopathy, after they had passed their examinations and before the actual conferring of their degrees, had had their degrees withheld from them."

LIEUT. COL. DEANE, R.A.M.C.

WE observe from the *London Gazette* of Oct. 7th, that Lieut.-Col. H. E. Deane has retired from the army on his pension. Having practised homœopathy in the army for twenty-two years, he is now taking up civil practice at 33, Weymouth Street, W., and has been appointed to the Medical Staff of the London Homœopathic Hospital. His long and intimate knowledge of Indian diseases will render him a valuable acquisition to the Hospital, and as a consultant in these diseases, though his practice in London will not, of course, be exclusively in that department.

**MELBOURNE HOMŒOPATHIC HOSPITAL,
THE THIRTY-SIXTH ANNUAL REPORT, 1903-1904.
*To the Contributors.***

Ladies and Gentlemen,—The Board of Management has pleasure in presenting to you the Thirty-sixth Annual Report, statements of Receipts and Expenditure, and a tabulated return of patients treated during the past year.

FINANCIAL.

The Balance Sheet of the Maintenance Fund shows that the income from all sources has amounted to £3820 8s. 11d. The expenditure has been £3884 11s. 10d. The Bank overdraft at the end of the year was £353 3s. 1d.

Private Subscriptions, Grants from Municipalities, and Patients' Fees show an increase. In expenditure, there has been a saving effected under the headings of Provisions, Domestic Charges, Establishment Charge, Miscellaneous, and Administration; but an increase under the headings Surgery and Dispensary, and Salaries and Wages Accounts—the former due to the increased number of In-patients treated, and the latter to there having been an additional Resident Medical Officer engaged, the work of the Institution necessitating such an appointment.

The Government, in pursuance of its policy of retrenchment, recently reduced the amount of subsidy to charitable institutions—this hospital suffered to the extent of £100.

The Balance Sheet of the Building Fund shows that the overdraft brought forward from last year was £1,876 19s. 1d., £675 7s. 9d. has been received since, £328 15s. has been expended, leaving a present indebtedness of £1530 6s. 4d.

ENDOWMENT FUND.

The Endowment Fund has been supplemented by a bequest of £150 from the estate of the late Joseph White, which has been placed on fixed deposit.

TOTAL NUMBER OF PATIENTS TREATED.

| | | | | |
|------------------------|----|----|----|--------|
| In-patients | .. | .. | .. | 1042 |
| Out-patients | .. | .. | .. | 6940 |
| | | | | — 7982 |
| Visits of Out-patients | .. | .. | .. | 20,053 |

IN-PATIENTS.

| | | | | |
|---------------------------------------|----|----|----|--------|
| Number of Patients in hospital on 1st | | | | |
| July, 1903 | .. | .. | .. | 54 |
| Since entered | .. | .. | .. | 988 |
| | | | | — 1042 |

| | | | | |
|--------------------------------|----|----|-----|-------|
| Discharged cured, etc. | .. | .. | 899 | |
| Discharged unrelieved | .. | .. | 10 | |
| Died | .. | .. | 68 | |
| Remaining | .. | .. | 65 | |
| | | | — | 1042 |
| Daily average stay of Patients | .. | .. | .. | 19'48 |
| Operations performed | .. | .. | .. | 899 |

The In-patient returns show that the daily average number of patients in the wards was 55'60, against 48'82 for the preceding year.

OUT-PATIENTS.

| | | |
|-----------------------------------|-----|--------|
| Brought forward on 1st July, 1903 | 599 | |
| Since entered | .. | 6341 |
| | — | 6940 |
| Discharged cured or relieved | .. | 6330 |
| Still attending | .. | 610 |
| | — | 6940 |
| Average daily attendance | .. | 109'71 |

CASUALTY DEPARTMENT.

| | | | |
|---------|----|----|--------|
| Males | .. | .. | 1140 |
| Females | .. | .. | 357 |
| | | | — 1497 |

DENTAL DEPARTMENT.

| | | | |
|--------------------------|----|----|-----|
| Total number of Patients | .. | .. | 847 |
|--------------------------|----|----|-----|

The total expenditure on account of In-patients was £2670 1s. 10d ; average cost per bed per annum, £48 0s. 5d. ; average cost of each In-patient £2 11s. 2½d.

The total cost in connection with the treatment of Out-patients was £1214 10s.

CHILDREN'S WARD.

At the last monthly meeting of the Board, Dr. W. R. Ray reported that a donor (who is desirous that the name should not be disclosed), had placed in his hands a sum of £2,000 as a nucleus of a fund to build a Children's Medical Ward. The amount had been deposited in the London Bank at interest, in his and Cr. G. Crespin's names as Trustees, pending the time when funds shall have been received sufficient to meet the cost of such a building. The interest will be available for the general maintenance of the Hospital in the meantime. The Board now records its most grateful thanks to the anonymous benefactor.

PATRON AND PATRONESS.

His Excellency The Lieutenant-Governor, Sir John Madden, and Lady Madden, have graciously consented to become Patron and Patroness of the Hospital.

NEW OPERATING THEATRE AND CASUALTY ROOM.

Some time ago Mr. James Mason, J.P., of Brighton Road, St. Kilda, offered £500 to build a Casualty Room, stipulating that it should be somewhere in the front of the main building, so as to be more easy of access than the present one. The site having been agreed upon, he forwarded his cheque through the Hon. Thomas Luxton, M.L.C., on the understanding that the building should be commenced at once. The Board thought the time an opportune one to fulfil an old promise, and provide a new operating Theatre equipped with all modern appliances. Accordingly it was decided that the building should be a two-storey one—the ground floor to contain the Casualty Ward and Waiting Room; the Operating Theatre, the Anæsthetizing Room and also the Sterilizing Room are on the upper floor. In February last the tender of Messrs. Atkinson and Gordon, for £810, was accepted for the whole of the work. The foundation stone was laid by Mr. J. W. Hunt (Chairman of the Board of Management) on Monday, the 2nd of May following, in the presence of a number of subscribers and friends of the Institution.

The fixtures and furnishings for the Operating Theatre will cost approximately an additional sum of £250, of which Dr. W. K. Bouton, Senior Surgeon to the Institution, is contributing £100, and has undertaken to raise the balance. The building is now completed, and will be publicly opened by Sir John Madden at an early date. The work was carried out under the supervision of Mr. H. W. Tompkins, A.R.V.I.A. It is estimated, that after all promised donations have been received, an additional £150 will be required.

The Board takes this opportunity of gratefully thanking Mr. Mason for his munificent gift. The Board's best thanks are also tendered to the Hon. Architect, Mr. H. W. Tompkins, A.R.V.I.A.

REPORT OF INSPECTOR OF CHARITIES.

The last Annual Report of the Inspector of Charities for the year ending June 30th, 1903, is, so far as this Institution is concerned, satisfactory, as the following extracts will show—

(a). "*The amount of municipal grant to this Institution was good, the rate for daily average being £4 6s. 2d. compared with the mean rate of £2 19s. 1d.*"

(b). "*The local contributions were also good, the rate for daily average being £20 12s. 4d. compared with the mean rate of General Hospitals of £18 0s. 1d.*"

(c). "*The cost per bed during last year was £50 5s. 4d. compared with the mean cost of General Hospitals of £58 17s. 2d.*"

(d). "*The Institution is well and economically managed.*"

(e). "*The average cost of each In-patient was £2 10s. 3d., and the estimated cost of Out-patients £1282.*"

(f). "*The average stay of Patients during last year was 17 days for males and 18 days for females, which is much below the average of other Metropolitan Institutions.*"

OFFICE BEARERS.

The following gentlemen retire this year in conformity with the Bye-laws—

President.—The Hon. Robert Reid (deceased).

Vice-Presidents.—Messieurs J. W. Hunt, and Charles Hudson, J.P.

Honorary Treasurer.—Cr. G. Geo. Crespin, J.P.

Members of the Board of Management.—Messieurs C. W. Hartshorn, R. L. Ievers, G. Bruce and Cr. Donald McArthur, also Drs. W. R. Ray and W. K. Bouton (representatives of the Honorary Medical Staff).

Honorary Auditors.—Messieurs C. W. Ellis, F.I.A.V. and Phineas Rainey, F.I.A.V.

Sir Samuel Gillott has consented to be nominated for the position of President, vacant by the death of the Hon. Robert Reid.

CONCLUSION.

In conclusion the Board thanks the subscribers for increased support accorded to the Hospital and interest shown in the working of the Institution.

The Hon. Medical Officers are : Physicians, W. R. Ray, M.D., J. P. Teague, M.D. ; Surgeons, W. K. Bouton, M.D., Ch.B., E. Alleyne Cook, M.R.C.S. Eng., L.R.C.P. Lond. ; Assistant Surgeon, J. A. Scott, M.B., M.S. **OUT-PATIENT DEPARTMENT :** M. W. Guttridge, M.B., C.M., M.R.C.S., Ferguson Lemon, M.B., B.S., Percy Wisewould, M.D., C.M. ; Pathologist, Ferguson Lemon, M.B., B.S. ; Resident Medical Officer, H. J. Twiss, B.A., M.D.

HOMŒOPATHY IN EDINBURGH.

A CORRESPONDENT writes that, in view of the large population in Edinburgh and Leith, he considers that there is ample field for another homœopathic doctor of standing, ability and energy. At present there are only three doctors of the homœopathic school in Edinburgh, and none in Leith.

THE MEDICAL OFFICER OF HEALTH FOR HOBART, TASMANIA.

OUR readers will not have forgotten the full account we gave in our January and February issues of the election of our

colleague, Mr. Gerard Smith, to the post of Medical Officer of Health for Hobart. After having been chosen by the City Council as the best candidate for the appointment, the Central Board of Health, consisting of four medical men and three laymen, vetoed the election, the reason, not openly given, but well understood, being that Mr. Smith was a homœopath. The City Council refused to be thus dictated to, and re-appointed Mr. Smith, who forthwith entered upon his duties. That the City Council were fully justified in their selection of Mr. Gerard Smith, and in resolving not to be dictated to by the allopathic doctors is well shown in the following paragraph, which appears in the *Hobart Mercury* of September 8th, and which our readers will be gratified to peruse. We hope Mr. Smith's opponents will now have the wisdom to let their prejudices subside, and work with the Health Officer in a friendly way, seeing that his work is so highly praised by Dr. Elkington, the Chief Health Officer.

"At the last meeting of the City Council a letter was read from Dr. Elkington, the Chief Health Officer, commending the manner in which sanitary matters are now being attended to, and nuisances abated in Hobart, as shown in Dr. Gerard Smith's half-yearly report as Health Officer to the Corporation. The returns show that the city is at present in an exceedingly healthy condition; the death-rate is exceptionally low, being only 16·30 per thousand per annum, and, according to Dr. Smith's report, would be still lower but for the high death-rate among infants, and the possible causes, he says, are engaging his careful attention. At present the city is wholly free from typhoid fever, and has been for some time, a fact which cannot be recorded in reference to any other city in Australia of the same size. Undoubtedly, much has been accomplished, of late, through the efforts of the City Health Officer, the female inspector, and the more energetic work of the Health and Sanitary Committee of the City Council by way of house to house inspections, and the removal or renovation of insanitary dwellings insisted upon. Up to the end of June last 1,344 houses had been inspected, of which 1,184 were found to be in good sanitary condition, so far as the responsibilities of the tenants were concerned, but it had been found necessary to serve notices on owners of numerous properties to remedy insanitary and structural defects, and which notices, it is stated, had been, in most cases, readily complied with. No less than 50 stables had been required to be put in sanitary order, together with 98 draintraps, 52 drains, 8 cowsheds, and 42 fowlhouses. There have been, during the past half year, 129 cases where bones, manure, and other filth were peremptorily removed. It has been made evident

that the by-laws with respect to dairies and cowsheds in the city have, in the past, been very imperfectly enforced, for of such places recently inspected, the occupiers of 36 cowsheds, in all, received notices to repair, repave, drain, and limewash their cowsheds, and provide proper means of disposing of manure and refuse. Thirty persons selling milk in shops have been required to provide proper safes or rooms in which the milk may be kept free from dust, flies, and other sources of contamination, while the registration of all milk purveyors and dairy owners has been insisted upon, as a condition of licensing. In seven cases licenses have been refused, owing to the entire unfitness of the premises for such purposes. These are certainly good results for one half year, and must have a good effect in the direction of guarding the health of the community. Dr. Smith, however, indicates that there is a great deal more to be done. A very large proportion of the milk which is sold in the city comes from country dairies, which need careful inspection, and steps will be taken to carry this out, though, probably, legislative powers will be required. In view of the declaration of the Royal Commission on Tuberculosis that the disease may be communicable to man, it will be seen how desirable this is."

PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL, BROMLEY.

THE Annual Concert in aid of the above admirable Hospital was held on October 5th, in the Grand Hall, Bromley, Kent. It was, as in former years, organized by Mr. Lindsay Bell, and with the usual very successful result. The Hall was quite full, and the concert was a great success. The solo vocalists were Miss Ada Crossley, Signorina Esta D'Argo, Mr. Charles Saunders, and Dr. Theo. Lierhammer. The Westminster Singers sang admirably, while Mdlle. Inez Jolivet, and Miss May Mukle played violin and violoncello respectively. The conductor was Mr. Lewis Thomas. We understand that the results of the Concert will be a very substantial addition to the Hospital Funds, though the exact amount is not yet published.

"AS OTHERS SEE US."

THE following appeared in the *British and Colonial Druggist*, of July 8th :—

"The British Homœopathic Association yesterday held a largely attended fête at the Royal Botanic Gardens, London.

'It is intended as an advertisement for our Association,' said Mr. F. King, the secretary, to a gentleman from the B. & C. D. office.

'And how many members have you?' interrogated our representative.

'About one thousand.'

'And your objects?'

"To advance homœopathic interests in the United Kingdom and extend the sphere of work for homœopathy."

Further inquiries showed that the Association is in a high state of activity. Among the things it has accomplished are :

(a) Obtained £10,000 in promises and payments for carrying out its objects.

(b) Commenced the foundation and endowment of a professorship in homœopathic therapeutics.

(c) Inaugurated the foundation and endowment of a travelling scholarship in homœopathy.

(d) Provided funds for the necessary expenses of such a travelling scholarship in the Homœopathic Colleges of the United States.

(e) Initiated a series of lectures to professional men on the theory and practice of homœopathy.

(f) Arranged for the production of a standard work showing the essential relations of homœopathy to the more important modern medical advances.

(g) Afforded its aid in various directions for the extension of homœopathy and homœopathic hospitals.

(h) Initiated a general membership of all homœopaths interested in and desirous to aid the national work of the extension and development of homœopathy in this country.

All of which is not at all bad for an organization founded only in 1902. Among the things in view are £50,000 and a British Homœopathic College. Who says homœopathy has had its day?"

THE DUTCH GOVERNMENT AND THE PHARMACOPŒIA.

THE Dutch Government is desirous of adding a section on homœopathic medicaments to the Dutch Pharmacopœia, and a sum of 500 gulden is placed on the budget for 1904 for carrying these wishes into effect. It would be a good idea. *Practical Druggist* thinks, if the U.S. Committee of Revision followed suit.—*Medical Times* (New York), May, 1904.

THE AMERICAN PHYSICIAN AND OURSELVES.

WE are extremely sorry to find from a paragraph in the September number of *The American Physician*, that we have

offended our able and genial colleague, Dr. Frank Kraft, the editor, in not having noticed his kind remarks on the visit to the United States of Dr. Searson, the "Travelling Scholar" of the British Homœopathic Association, when in a recent issue we quoted the kind remarks of other journals. It is about the last thing we should have thought of doing with any intent of want of courtesy, or of appreciation of kindly comment. But there were several similar kind notices in other American journals than the *American Physician*, and it was only want of space that prevented us extracting them all. So we only reproduced samples that our space would admit of, with grateful acknowledgment. We therefore trust that Dr. Kraft will forgive us, and we thank him for his kind remarks on our "Travelling Scholar." We would suggest his giving us the Irish verdict, "Not guilty, but don't do it again!" The extreme hospitality and kindness with which Dr. Searson was everywhere received was a matter of much gratification to us, as were also the kindly comments in nearly every one of the American Homœopathic Journals.

ATMOSPHERIC PRESSURE AND APOPLEXY.

Our readers will remember the able and original paper by Dr. Burwood, of Ealing, read by him at the British Homœopathic Congress in 1898, and published in our pages of that year, on the influence of a sudden fall of barometric pressure on patients suffering from heart disease, and other diseases of old age, accounting for the sudden onset of very serious symptoms of collapse.

Some very interesting communications have lately appeared in the *British Medical Journal*, noticing the effects of the reverse condition of the atmosphere, namely that of rapid or sudden *rise* of Barometric pressure on apoplexy.

In the *B. M. J.* for April 9th, Dr. Hensleigh Walter, of Stoke-under-Ham, writes :--

"I have never seen the suggestion made in any text-book, but in my somewhat limited experience it would appear to me that atmospheric pressure plays a very important part in determining an attack of cerebral hæmorrhage. On several occasions I have noticed that where I have had one case others have followed almost immediately. This I have found to occur especially when there has been a sudden rise in the barometer after a more or less continued depression. Doubtless with increased atmospheric pressure coming on suddenly to the extent of an inch or so of the barometer, as occasionally happens, the blood pressure is greatly increased, and in apoplectic subjects with disastrous results, if the systemic

condition is predisposed. I now so look on this as cause and effect that I warn such patients to watch for a sudden rise in the barometer, and to take precautionary measures in the matter of diet, stimulants, and the use of suitable purgatives at such times."

In the *B. M. J.* for June 4th, Mr. G. A. Leon, of Sidmouth, writes in reference to the above, agreeing with the fact that, (1) "At certain times cases of cerebral hæmorrhage are in excess of the average; (2) These occurrences are coincident with a marked rise in the barometer, showing increased atmospheric pressure."

This is followed by a letter from Mr. Chas. P. Hooker, L.R.C.P. Edin., of Cirencester, as follows:—

"I have frequently noticed the same thing as that to which Dr. Hensleigh Walter referred in the *British Medical Journal* of April 9th, and quite expect to be called to a case of cerebral hæmorrhage when the barometer has risen high and become anticyclonic. This high pressure is known to cause a feeling of exaltation, similar to what is frequently noticed (after the event) when an old man or woman has a stroke. How frequently one is told that the patient was never better in his or her life than just before the occurrence. Let the man of 65 to 70 with degenerate vessels be cautious, as Dr. Walter suggests, when the glass rises sharply to a high point.

"I have often thought that very little attention is paid to atmospheric conditions as possible causes of various ailments such as rheumatism, asthma, croup, etc. How often it happens that all asthmatics are bad at the same time, and worse on certain evenings, notably still, damp evenings before rain.

"I feel sure that if time could be spared from the modern rush for new things, some useful lessons might still be learnt from Nature, did we but try to understand her moods."

These observations on rapid rise of the barometer, coupled with Dr. Burwood's facts and deductions in relation to sudden fall of the barometer, are very important to keep in mind, as "fore-warned is fore-armed."

CONSTITUTIONAL TREATMENT OF SO-CALLED LOCAL DISEASES.

WE have on former occasions had to notice the broad and philosophically practical views expressed in public by Sir Felix Semon. In the *British Medical Journal* of Sept. 24th we find the report of an address by Sir Felix on "The relations of Laryngology, Rhinology, and Otology, with other Arts and Sciences," read at the St. Louis International Congress

of Arts and Sciences on Sept. 21st, 1904, in which the following interesting and instructive paragraph occurs :—

“Internal Medicine.—On the connection of laryngology, rhinology, and otology with internal medicine, it is practically unnecessary to dwell. Whilst there is, needless to say, a number of local diseases of these organs strictly limited to them, in another large and important number the affection for which the aid of the specialist is sought is only part and parcel of a systemic disease, and, as I have endeavoured to show on another occasion, it would seem high time that not only the public—which has rushed to the conclusion that all affections of the throat, nose, and ear ought to be treated locally—but also some enthusiastic specialists should come to understand that in such cases not so much local as constitutional treatment is indicated. There are numbers of cases of general anæmia, of periodical disturbance of the circulation, of general plethora, of nervous irritability, of gout, in which, without any actual changes existing in the throat, nose, or ear, unpleasant sensations are experienced in these parts, which can only be effectually treated by attending to the systemic conditions which underlie these local sensations. On the other hand, actual organic lesions occurring in these parts often enough are of the greatest importance for the diagnosis and proper treatment of grave general diseases. To give but a few examples : paralysis of one vocal cord may for a long time be the only actual sign discoverable, with the means at present at our command, of aneurysm of the aorta, or of other mediastinal tumours, of affections in the posterior cavity of the skull, of pleuritic thickening of the apex of the right lung, of cancer of the gullet, and a host of other grave organic affections ; certain laryngoscopic appearances may enable us to diagnose the existence of pulmonary tuberculosis at a time when all other signs fail ; Killian’s bronchoscopy, one of the most valuable modern additions to our diagnostic and therapeutic equipment, permits us to remove foreign bodies from the interior of even the smaller bronchial tubes ; chronic obstruction of the nose undoubtedly exercises a very unfavourable influence upon the general health, a fact which is most clearly demonstrated by the surprising improvement of well-being which follows removal of adenoid vegetations in much-developed cases ; a cerebral abscess is now-a-days known to be much more frequently due than was suspected only a few years ago to diseases of the middle ear and mastoid process, and has become infinitely more accessible to treatment than one could venture to hope in previous times. I may further remind you of the frequency with which the throat, nose, and ear are affected in infectious diseases, such

as measles, scarlet fever, small-pox, typhoid, and influenza ; again, of the manifestations of gout, rheumatism, and syphilis in these parts, and this list could be easily extended. The above examples, however, will suffice, I hope, to show the intimacy of the relations between our specialities and internal medicine."

Sir Felix Semon is doing a great service to the old school in drawing their attention to the importance of seeing that many so-called local diseases are merely local manifestations of a constitutional dyscrasia, and require to be treated, if successfully, by constitutional remedies. This, as we know, was one of Hahnemann's doctrines, and showed how much he was in advance of his time. Homœopaths have always acted on this view, and hence their power of cure over diseases supposed to be incurable by internal treatment. Sir Felix Semon shows himself to be a true physician as well as a skilled surgeon, and it gives us much satisfaction to notice the fact—not too commonly observed in the case of other surgeons. Such statements further show how the far-seeing doctrines enunciated by Hahnemann are steadily being one by one adopted by the old school in spite of themselves and their prejudices.

CRYSTALLIZED DIGITALIN AND ITS ACTION IN VERY SMALL DOSES.

HUCHARD proposes three different doses of crystallized digitalin, according to the purpose for which it is to be applied.

1. The anti-asystolic dose of 40 to 50 drops of a solution of 1-1000 taken once only.

2. The tonic-sedative dose, 10 drops daily for three to five days of a 1-5000 solution.

3. The steadily-acting cardio-tonic dose of 5 drops of a 1-10,000 solution, taken daily for ten days.

Fiessinger has attempted to formulate some practical indications for each of these doses. The strong dose of 40 drops should, according to him, be reserved for those cases of dilatation which are coupled rather with a transitory fatigue of the myocardium than with genuine and advanced change in the muscular fibres of the heart. Such a dose would be called for in the dilatation accompanying the valvular affections of young people, in the changes of the menopause, and in fatty deposits on the heart. Even here caution is necessary, lest we bring on an incurable asthenia of the heart. Above all, if the heart affection is old, and

manifests itself by lasting hypo- or asystolic disturbances, we should do better to keep to the weaker doses; in fact, the large dose is required but seldom.

The medium dose (a fifth of a milligramme) continued for three to five days, gives the best results if its action is assisted by rest in bed, milk diet, drastic purgatives, venesection, or wet-cupping over the liver, according to the case. After being used in this dose for four to five days, the drug will strengthen the heart, making its systole stronger, causing œdema to vanish, and bringing on diuresis (the dose in fact works here as an anti-asystolic). In heart affections with valvular defects, or in arterial heart affections in the period of muscular asthenia, if the disease has not arrived at its final stage, this dose is often specially successful.

The smallest dose (5 drops of a 1-10,000 solution) is particularly adapted to those cases where we have to deal with profound changes in the muscular fibres of the heart, and where gentler and long-continued stimulation of the organ gives less risk of exhaustion. The dose is repeated on ten successive days. In cases of arterio-sclerosis of the heart, with or without renal sclerosis, where milk diet and theobromin have given no relief, digitalin in minute doses may be thought of. He gives the two following illustrative cases.

CASE 1.—A man of 55, previously healthy, had for a year past complained of shortness of breath on going uphill. On examination the signs were those of interstitial nephritis, intoxication and neurasthenia of venous origin, *viz.*, increased arterial pressure, galloping action of heart, albuminuria, decrease of urea, somnolence, rapid fatigue, and paleness of face. Before long the shortness of breath had increased so much that he could not walk even the shortest distance. Sleep was practically absent. The usual signs of dilatation of the right heart were present—venous pulsation of the jugulars, liver enlarged and tender, œdema of lower extremities. Cupping over the liver, rest in bed, and a milk diet were ordered at once. On the following day digitalin was prescribed in a somewhat strong dose (10 drops of a 1-5000 solution. This quantity was given daily for four days, with the result that all signs of dilatation vanished, and the accelerated heart-beat only appeared on walking. In order to keep up the good effect, the patient was ordered $\frac{1}{10}$ of a milligramme each day for 10 days with a milky and vegetable diet. At the end of the 10 days he was able to resume business, though he still felt some oppression on walking quickly. He slept well, had quite lost his pallor, and was not so easily tired as before. At the end of eleven months the improvement was still maintained.

CASE 2.—Was the case of an old lady of 82, suffering from cardiac and renal sclerosis with albuminuria. In 1902 she suffered much from dyspnœa, which was relieved by a milk diet. In April, 1903, had an attack of acute œdema of the lungs, with arrhythmia and tachycardia—pulse 140 to 160 in the minute and irregular. Theobromin gave partial relief by causing diuresis; strophanthus was without effect. In May, digitalin was begun, $\frac{1}{10}$ of a milligramme per day. After a few days there was less dyspnœa, the obstructed bronchial tubes become free, and the œdema of the lower extremities vanished. After the remedy had been given for three periods of ten days each, with intervals of 14 days between, the arrhythmia had completely vanished, the pulse-beats being 70 in the minute, regular and distinct. An intercurrent attack of glycosuria (100 grammes in twenty-four hours), probably the result of immoderate use of sugar, treated with arseniate of soda, did not act prejudicially upon the commencing improvement of the heart affection. In spite of the advanced age of the patient and the cardio-sclerosis undoubtedly present, the condition improved in an altogether unexpected manner. These facts, says Dr. Fiessinger, show plainly that medium and small doses, given according to proper indications, act as well as the strong doses as anti-asystolics. Even in patients whose hearts are enfeebled by the previous use of digitalis, the smallest doses may be given, whilst the medium and, *a fortiori*, the strong doses may produce very unpleasant effects.—(*L'Art Medical*, Feb. 1904).

J. G. B.

WHAT'S IN A NAME?

“A NEW doctor has moved in next door, but his very name would kill his business.” “What is it?” “Phil Graves.”
—*The Trio*, Detroit.

OBITUARY.

W. A. VON DITTMANN, M.D.

OF ST. PETERSBURG.

WE are unwilling to omit a record of the loss that St. Petersburg and Homœopathy have suffered in the removal by death of our well-known and much esteemed colleague Dr. Von

Dittmann, but we had no material to do other than merely mention the fact, which would have been too inadequate a recognition of such a distinguished physician. But our esteemed contemporary the *Homœopathic World* has been fortunate enough to obtain a most interesting obituary notice of Dr. Von Dittmann from the pen of Dr. Leon Brasol, and we have much pleasure in reprinting this from the *Homœopathic World* of October.

"The not very large family of Homœopathic doctors at St. Petersburg has had to suffer a painful bereavement. Dr. Wladimir Alexandrowich von Dittmann, one of the most widely known representatives of the homœopathic method of treatment in St. Petersburg, has passed away. He was born at Dorpat in 1842, took his degree of undergraduate at the School of St. Anne, in St. Petersburg, whereupon, in 1861, he entered the faculty of medicine at his native town, Dorpat, where he obtained his medical degree in 1866, having merited the honour of a gold medal for his work on microscopical structure of the lungs, and later on, passed a doctor's examination at the then Medico-Surgical (now Military-Medical) Academy at St. Petersburg, and took the degree of Doctor of Medicine in 1867. Immediately after this he passed two years as surgeon-attendant of Nikolaïevsky Military Hospital, and another two years as a surgeon to the Corps of Cadets at Polotzk. There he used to devote his leisure to painting on glass for magic lanterns, which had just at this time begun to be used in schools at lectures of a scientific and educational nature. Only at first such pictures on glass used to be got from abroad, and were very expensive, until by the incentive of the Pedagogical Museum there had been made a proposal to set up the manufacturing in Russia of projectional apparatus and pictures on glass, with the view of making them cheaper. At present this national branch of industry has been brought, in our country, to a considerable degree of perfection, and it has been the merit of Dr. Dittmann to have been among the first workers in this field. In 1871 he resigned his office and settled at St. Petersburg as a privately practising physician. There, guided by Dr. Dominic Villers, a very well-known at that time, greatly instructed and gifted medical man, Dr. Dittman became very soon convinced of the advantages of the homœopathic treatment, and turned into its zealous partisan.

"At the beginning of the eighties there broke out at St. Petersburg an epidemic of diphtheria, which yielded to Doctors Villers and Dittmann plentiful material for watching the effect of *Mercuric cyanide*, just then and for the first time brought into medical practice by Dr. Beck, another well

known homœopathist in St. Petersburg. The results proved to be splendid, and Dr. Dittmann, in a burst of enthusiasm for the discovery of so powerful an agent for struggling against such a dangerous disease, appealed, with the intervention of Adjutant-General O. B. Richter, to the Emperor Alexander III., with the fervent application for the permission to submit this remedy to an extensive trial in one of the town hospitals, for the general good of the diseased population. The Sovereign, who felt always in sympathy with the homœopathic method of treatment, and granted to it his gracious support, ordered to be opened at the Nikolaievsky Military Hospital a separate ward for the homœopathic treatment of diphtheria. Immediately after there had been brought to this hospital a child of nine years out of the poorest class of population, not quite recovered from a bad form of measles, and ill already with a malignant diphtheria. On the third day of illness, when it had already had time to produce deep ulceration of the tonsils and fauces, with general blood-poisoning, in a quite hopeless state, on a cold and windy winter day in December, the boy had been driven through the whole of the town in an open sledge, and brought to the homœopathic ward, where the consulting physician of the hospital, Dr. Afanasiew, in the presence of Dr. Dittmann, put the diagnosis of a "gangrenous diphtheria," and on the following day the child passed away. That was the first and the only patient of the homœopathic ward, because the medical police-officers took care not to send there any more sufferers; and as there had been on trial but a single patient, who died, the conclusion drawn had been that the homœopathic treatment yields a death-rate of 100 per cent, and that was the end of the comparative trial of the allopathic and homœopathic treatment of diphtheria. And the Medical Council, foreseeing in the person of Dr. Dittmann a dangerous man, crushed him down with the famous "Journal-Decision" published in the *Government's Messenger*, and reproduced in many newspapers. This document, unique of its kind, had been written by the late Professor Eichwald, a raging antagonist of homœopathy, who, instead of the difficult task of criticizing quietly and in a scientific way the fundamental principles of homœopathy as to their *essence*, preferred the easy work of morally bringing down in the public's opinion the *personality* of Dr. Dittmann, and discharged a coarse and shameful philippic, knowing beforehand that no refutation and justification of the offended would be allowed to appear in the press. Fortunately, all those furious attacks had no effect whatever upon the working of Dr. Dittmann, who possessed at St. Petersburg a very extended sphere of practice.

and enjoyed the reputation of an experienced and successful physician.

"Dr. Dittmann was richly endowed from nature, possessed extensive capacity for medicine and fine arts, and had great mastery over the German, French, and English languages, which he spoke and wrote just as fluently as the Russian. Many a time he took part himself in International Congresses of Homœopathy, where his presence was always noted and valued, owing to his gift of eloquence, his quick perception of every subject debated upon, and his sociableness. In 1896 he was elected Corresponding Member of the British Homœopathic Society. He wrote very easily too, but left after him only a few works printed. In some popular editions are to be found his not very numerous articles in defence of homœopathy, and there is a manual of his, with which he was not satisfied himself; in later years he conceived even the idea to work it over again in a thorough way, but he had no time to realize his project. He took always a particular interest in consumption of the lungs and its treatment. Impressed by the views of Dr. Brehmer, and encouraged by the results of the consumption's cure at Gorbersdorf and Davos, he purchased in 1887 a piece of ground at Halila in Finland, in the vicinity of the railway station Oussikirka, and erected at his own cost the first sanatorium for the consumptive in Russia, which was inaugurated in 1888. The choice of the place, free of humidity, dust, and winds, as well as the plan of organization of the sanatorium for the consumptive to dwell there during the whole of the year, were calculated by Dr. Dittmann very justly and with perfect foresight, but he had not money sufficient for supporting such a big enterprise. This notwithstanding, the fundamental idea of the necessity and possibility of a sanatorium for the consumptive at the North, four hours' distant from St. Petersburg, proved to be quite a just one, and was rightly valued by the Emperor Alexander III., who bought Halila for himself. At the very place, occupied by the modest, wood-built principal building, there stands erected at present the proud and beautiful Imperial Sanatorium, the founder of which was Dr. Dittmann.

Wladimir Alexandrowich became Member of the Society of Homœopathic Physicians of St. Petersburg soon after its constitution, was for many years its secretary, later on, from 1887 to 1889, its President, and, finally, Member of Council till his death. He used to attend assiduously every one of the medical and economical meetings of the Society, took an ardent part in all its affairs, and distinguished himself in particular by his solicitude in respect to the wants of those employed in the service of the Society. With his death the

Society has lost one of its most active and energetic fellow-workers. During the autumn of the last year Wladimir Alexandrowich fell ill with pleuritis exudativa, developing on a tuberculous ground. The pleurisy underwent an absorption, but his health gave way considerably, and the tuberculosis of the lungs began visibly to undermine his strength. Feeling a great weakness, he expressed the wish to be brought to his former sanatorium, and hoped to find there an increased strength and recovery. But the inexorable irony of fate decided that he, the founder and formerly the owner of the sanatorium, should be refused the admittance for want of free vacancies! He resolved then to go for the winter to Italy and the Riviera, and after two months of rest in a good climate he came back to St. Petersburg in a comparatively good state, but soon caught a cold and fell ill once again. His last hope of recovery he placed in Koumiss, and went in June of the present year to one of the Koumiss establishments at the government of Oufa. But the cruel disease did not stop in its progress, and on July 26th (August 8th) Dr. Dittmann passed away during his journey back to St. Petersburg. The profoundly afflicted Society put a wreath on his grave, and the President being absent from St. Petersburg, it was Dr. Flemming who delivered a deep-felt funeral oration. As to his religious convictions, Dr. Dittmann, as well as our lamented Dr. Richard Hughes, was a fervent member of the Catholic Apostolic Church.

God rest thy soul, dear friend and companion in arms!"

CORRESPONDENCE.

THE SUBJUNCTIVE MOOD AND HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,

It is rather amusing to be told that "the subjunctive mood has always given rise to the greatest difficulty in the study of Latin." It is of course literally true—in the same sense that the verbs in *μ* and the use of logarithms have always presented great difficulties to young students of Greek and Algebra. But to those who *know* there is no difficulty in any one of them.

It would be easy to show that the phrases and expressions adduced by Dr. MacLachlan afford no warrant for his translation of Hahnemann's motto, but I doubt if it would be very profitable or appropriate in the pages of the *Homœopathic*

Review. This I will say—and say as one to whom the use of the Latin subjunctive is almost as familiar as his own tongue, and as one who has spent a good many laborious years in acquiring a knowledge of Latin and Greek, and in imparting it to others—that, if Dr. MacLachlan had been saturated with the spirit of the excellent little book which he quotes, to say nothing of the Latin classics, he could never have translated *Similia similibus curentur* by the words “Likes may be cured by likes” (which in Latin would be *Fieri potest ut similia similibus curentur*); and I will add that if he had read Bradley’s note on page 116, he would not have committed himself to the egregious statement that “Its (the subjunctive’s) function is to give *counsel* or advice, not to issue *commands*.”

The only possible translation of the Hahnemannian motto other than the one I have given (“Let likes be cured, or treated, by likes”) is “May likes be cured by likes!” But in this case it would be usual to print a note of exclamation.

The edge of my contention is not to be turned aside by pleading that Latin is a decomposed language. It was not I who started the discussion of Hahnemann’s Latin motto. If the Latin language was in so deplorable a condition as Dr. MacLachlan alleges, he should not have postponed the suggestion for its interment until after someone had called in question his translation. I have indeed seen many modern prescriptions that reminded me of nothing so much as of Friar Tuck’s celebrated grace before meat “that had once been Latin”—genders and concords that would have made Quintilian “stare and gasp” indeed; in the burial of all which I would gladly co-operate with Dr. MacLachlan, not forgetting to turn a sod of kindly oblivion over his own Latin too. But to bury our time-honoured watchword would be a flagrant instance of that “premature interment” which old Sandy Mackaye, in Kingsley’s *Alton Locke*, considered so “gruesome.”

Dr. MacLachlan says, “Let us leave such petrified organic remains to the fossilized professors of Latin.” The difference between decomposing remains and petrified remains is rather considerable, and in point of fact the latter metaphor is decidedly the more apt. But let that pass. I hail Dr. MacLachlan’s suggestion. If we are not professed palæontologists, we had much better not deliver lectures on the anatomy of the *Iguanodon*!

Yours truly,

T. MILLER NEATBY.

London Homœopathic Hospital,
Great Ormond Street.

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. *We cannot undertake to return rejected manuscripts.*

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

. Dr. C. GRANVILLE HEY has commenced practice at 4, Popstone Road, Earl's Court, S.W.

We have received Communications from Dr. BLACKLEY, Dr. BYRES MOIR, Dr. BURFORD, Dr. E. A. NEATBY, Dr. GOLDSBROUGH, Mr. T. MILLER NEATBY, Lt.-Col. DEANE, Mr. J. M. WYBORN, Mr. FREDK. KING (London); Dr. MIDGLEY CASH (Torquay).

BOOKS RECEIVED.

The Homœopathic World, October. *The Journal of the British Homœopathic Society*, October. *The Vaccination Inquirer*, October. *The Calcutta Journal of Medicine*, May and June. *Statement of the British Weights and Measures Association. Annual Report of the Melbourne Homœopathic Hospital, 1904.* *The Bromley and District Times*, October 7. *The Hobart Mercury*, September 8. *Nova Medica*, October. *The Homœopathic Recorder*, September. *The American Physician*, September. *The Medical Brief*, October. *The Chironian*, October. *The Medical Century*, October. *The Hahnemannian Monthly*, October. *The Pacific Coast Journal of Homœopathy*, September. *The Homœopathic Envoy*, October. *The Medical Times* (New York), October. *The North American Journal of Homœopathy*, October. *Allgemeine Homœopathische Zeitung*, October 6 and 20. *Zeitschrift des Berliner Vereines Homœopathischer Aertze*, July. *Homœopathisch Maandblad*, October 15.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

IN everything of importance unity is strength, while conversely, dissension is fatal to the success of any movement. Open hostility is bad enough, but it is nearly as fatal to harmony and success when opinions are expressed in print which point to the existence of discontent, more or less; especially so when some facts are incorrectly stated, and others so stated as to be misleading.

These remarks refer to an editorial article in the November number of our contemporary, the *Homœopathic World*, which we cannot let pass by unnoticed and uncorrected, not only for the sake of our colleagues in Great Britain, but for that of our American *confrères*, lest they should be misled into supposing that there is already a "rift in the lute," which forebodes mischief to the International Congress of 1906. Fair criticism is always healthy and desirable, and the editor of the *Homœopathic World* is perfectly entitled to criticize the administrative machinery of the International Congress. But we cannot look on the latter part of this article as coming within the range of fair criticism, to say nothing of its very questionable taste.

In the first part of the article the editor of the *Homœopathic World* considers that the fact of the last International

Congress having been held in 1900, only four years instead of five after the former one, and the proposal to hold the next one in 1906, six years after the Paris one of 1900, shows a state of "disturbance" in the machinery which is unfortunate and reprehensible. There is really nothing of the kind. The last Congress was fixed to be held in Paris, but instead of selecting 1901 as the year for its meeting the members of the 1896 Congress very sensibly resolved to alter the laws of the Medes and Persians, and to hold it in the same year as the Great Paris Exhibition, namely, in 1900. The desirability of this arrangement was so obvious that the resolution was carried unanimously. And now, in fixing on 1906 as the proper year for the next meeting in America, the Congress is only reverting to the usual quinquennial period, since if the Paris Congress had been held in 1901 the year 1906 would automatically be the right one to carry out the original idea of a quinquennial meeting. This, however, is a comparatively academic question and of no real importance.

But the part of the article which we object to is the last portion. The editor of the *Homœopathic World* says (and we have to quote the passage instead of merely referring to it, as some of our readers may not see the *Homœopathic World*):—

"We understand from our contemporary, the *Homœopathic Review*, that at a dinner recently given by Mr. KNOX SHAW, the host of the occasion was chosen to fill the office vacated by the late DR. HUGHES. With all deference to the good intentions of the party assembled, we may point out, that whilst it is entirely within their right to offer to do all they can to assist our American *confères* in getting up the next Convention, they have no more right to elect a successor to DR. HUGHES than they have to elect the President of the United States. Only the Convention in full assembly can do this, if it should wish to do it; but we do not think it ever will."

The editor of the *Homœopathic World* is here in a complete mistake. MR. KNOX SHAW was not elected, and was never intended to be elected, "to fill the office vacated by the late DR. HUGHES," or to be his "successor." Had the editor of the *Homœopathic World* read our report,

in the September issue of the *Review*, more carefully he would have seen this. What we said (p. 570) is as follows :—

“DR. SUTHERLAND proposed that, as we had lost by death the Permanent Secretary of the International Congress, the late lamented DR. RICHARD HUGHES, the British Homœopaths should take steps to co-operate with the American Committee. All present unanimously agreed that this should be done, and MR. KNOX SHAW was also unanimously appointed the Secretary for Great Britain and the European Continent, and requested to communicate with DR. McLELLAND.”

This is surely clear enough. We all know that DR. HUGHES was the *Permanent* Secretary, but the British homœopaths as a body, or as a small but fairly representative body such as were present at MR. KNOX SHAW's house, would never have thought for one moment of taking it upon them to elect a successor to DR. HUGHES without consultation with their American colleagues. The thing is too glaringly absurd, and how the editor of the *Homœopathic World* could have thus misread our report of the meeting is most curious. But a still more curious thing is that at the first meeting of the 1904-5 session of the British Homœopathic Society, on the 6th of October, at which the editor of the *Homœopathic World* was present, MR. KNOX SHAW gave an account of the proceedings, explaining how the meeting at his house had occurred, and reading the letter which he had written to DR. McLELLAND, of Pittsburgh, who had been appointed by the American Institute of Homœopathy Chairman of a Committee selected to arrange the affairs of the International Congress of 1906. On this occasion no word was heard from the editor of the *Homœopathic World* as to the appointment of MR. SHAW as DR. HUGHES' “successor” as Permanent Secretary. It is very difficult to understand, with these facts brought to his notice in our pages, and with MR. KNOX SHAW's statement at the Society, how he could have got so confused on the subject. To show how clearly MR. KNOX SHAW stated the position, we subjoin a copy of his letter to DR. McLELLAND, as follows :—

“DEAR DR. McLELLAND,—Last evening I invited some colleagues to dine with me to meet DR. JOHN P.

SUTHERLAND, and to consider his suggestions with regard to the forthcoming International Congress. There were present: DR. JAMES JOHNSTONE, President of the British Homœopathic Society; DR. ALEXANDER, one of its Vice-presidents; DR. BLACKLEY, its treasurer; DR. E. A. NEATBY, one of its secretaries; DR. GOLDSBROUGH, President-Elect of the British Homœopathic Congress; DR. MADDEN, its treasurer; DR. DYCE BROWN, its secretary, and editor of the *Monthly Homœopathic Review*; and DR. BYRES MOIR, one of the Council of the Congress.

I was asked to write to you and send you the feelings of the meeting, which DR. SUTHERLAND will later be able to confirm.

1. It was felt that the Congress should be held in 1906 in order to give plenty of time to make successful arrangements.

2. In order to secure a good representation of Englishmen and colleagues from the Continent of Europe, and so to make it a truly International Congress, it would be practically necessary for the Congress to be held some time in September.

3. It was thought advisable not to appoint a Permanent Secretary, but that the country where the Congress was to be held should appoint the Secretary, who should be the convener of the meeting, leaving it to other countries to appoint Local Secretaries to act with him.

I was asked to act for Great Britain *pro tem*.

4. It was further suggested that it would be well for the Committee to communicate with the Secretaries of the British and European Homœopathic Societies as to the intention to hold the Congress.

Yours fraternally,

(Signed) C. KNOX SHAW."

What could possibly be clearer than paragraph No. 3? This bogey that the editor of the *Homœopathic World* has raised thus vanishes at once.

Next, as to the right of those present at MR. KNOX SHAW's dinner-party to appoint a Secretary for Great Britain, it is necessary to explain how this gathering came about. DR. SUTHERLAND, the President of the American Institute of Homœopathy, passed through London on his way to the Continent, but could only stay for three

days. He called on MR. KNOX SHAW and said that he had been informally asked to ascertain the feelings and wishes of his English colleagues on the question of the International Congress, and to invite their co-operation. In order to carry out this wish, MR. KNOX SHAW asked him to dine with him, to meet a few men fairly representing the homœopaths of England who could be got together on two days' notice. Who these were is seen from MR. SHAW's letter above quoted. MR. SHAW's kind hospitality in thus inviting his colleagues to meet DR. SUTHERLAND was not only the best means of getting them together to discuss the question, but it was a marked compliment to our distinguished American visitor, and it was, we know, much appreciated by him. The gathering represented the British Homœopathic Society, the British Homœopathic Congress, and the Homœopathic journals. DR. CLARKE was invited, but was unable to come. Some action had to be taken. The meeting of the British Congress was over, the first meeting of the new session of the British Homœopathic Society could not take place till October, and there were no means in the short three days of DR. SUTHERLAND's visit to poll the votes of the whole body of homœopathic doctors as to the choice of a Secretary to co-operate with DR. MCLELLAND and his Committee. What was to be done when there was no responsible authority available? Surely not to adopt the weak and absurd idea of refusing to act in an emergency. The only way was to do as MR. KNOX SHAW did, and invite as representative a body as could be got together on two days' notice, to meet DR. SUTHERLAND, and on their part to take it on themselves to do the best in an emergency, appoint a Secretary for Great Britain—not a successor to DR. HUGHES as Permanent Secretary. This appointment is, of course, open to confirmation by whatever responsible body has the power to do so, and MR. SHAW took the first opportunity, at the meeting of the British Homœopathic Society in October, of giving an account of the gathering at his house. At this meeting of the British Homœopathic Society no dissentient voice as to the expediency of the course adopted was heard, and the confirmation of MR. SHAW's selection as British Secretary, so far as the British Homœopathic Society had any power to confirm it, was accorded. And now after all this is accomplished, the editor of the *Homœopathic*

World, who was present at the meeting of the British Homœopathic Society, elects to "put a spoke in the wheel" of the machinery, and by giving a misleading account of the transaction puts up a man of straw for the pleasure of knocking him down.

But we must specially object to the concluding part of the editorial in the *Homœopathic World*, which follows the paragraph we have already extracted. Here it is:—

"The choice of the dinner-party, as good fellowship demanded, naturally fell upon the host. But we feel it only right to the homœopathic community to point out that, except from the point of good fellowship, the choice was a peculiarly infelicitous one—supposing the party had had the power to choose. With all due respect to MR. KNOX SHAW's energy, ability, and intentions, we must point out that his chief distinction as an international homœopath is a superlative admiration for allopathic ethics, a determined attempt to destroy the *International Homœopathic Directory* in deference thereto, and a pronouncement *urbi et orbi* from the presidential chair of the British Homœopathic Congress that 'the Hahnemann standpoint has changed!' No; if the late DR. HUGHES *must* have a successor, we hope that the next International Homœopathic Convention will not adopt the choice of the dinner-party."

As to the good taste of this paragraph we leave our readers to form their own opinion. But the first sentence is, we consider, an insult to those present at the dinner-party, which we, on their behalf, cannot take "lying down." To insinuate that those whose names we find in MR. KNOX SHAW's letter, and who met together at MR. SHAW's hospitable table to discuss, with the President of the American Institute of Homœopathy, business of the utmost importance with regard to the International Congress, should so far forget their self-respect and the responsibility of their action as to consider that "good fellowship demanded," or to put it as the "man in the street" would put it, as the price of a good dinner, the selection of the host as the Secretary for Great Britain, is really too much of a good thing. On their behalf we scout the notion, and we are amazed to see that the editor of the *Homœopathic World* actually considers the thing as "natural" and "demanded" by the circumstances.

The fact of MR. KNOX SHAW being the generous host of the evening had no more to do with his appointment as British Secretary than if the party had met elsewhere in a hired room. What we want in the British Secretary is a man of business capacity and of marked organizing power, and we venture to say that with one exception there is no man in our ranks who possesses these qualifications so fully as MR. KNOX SHAW, and hence he is admirably cut out for acting as British Secretary, while his invariable courtesy will, we are sure, make him a *persona grata* to his American colleagues on the Congress Committee. MR. SHAW may have views on the so-called "ethics" of the profession with which we may not see eye to eye with him, and we may regret his views as to the undesirability of having a *Homœopathic Directory*, but in the present issue these are minor points, and can in no way interfere with the successful discharge of his duties as British Secretary for the International Congress.

We must, finally, strongly protest against the statement of the editor of the *Homœopathic World* that MR. SHAW made "a pronouncement *urbi et orbi* from the presidential chair of the British Homœopathic Congress that 'the Hahnemann standpoint has changed.'" It is, we are sorry to say, not an infrequent method in discussion, with a certain type of controversialist, to detach a single clause or sentence from its context, and by so doing to completely alter the meaning of the whole passage. The meaning of the remarks of the editor of the *Homœopathic World* is evident to the most cursory reader, and it is not necessary for us to enlarge on the implication, further than to say that we consider it unfair, to say the least of it. One has only to turn to MR. KNOX SHAW's presidential address at the British Homœopathic Congress of 1902 to see this at a glance. But in case any of our readers are too busy to read MR. SHAW's address again for themselves, we extract the portion of it in which the statement referred to occurs:—

"My earliest convictions of the truth of homœopathy having been confirmed by experience, I have since drifted away from therapeutics proper into the domain of practical surgery, where the art of prescribing becomes less and less necessary, and the fascinations of the subject so

enthraling and absorbing that there is but little time left for the study of our special branch of therapeutics in a way to enable me to present to you in any adequate manner an address from the purely therapeutic standpoint. I am quite unable to emulate the masterly addresses you have listened to in recent years, or to discuss the relation of modern investigations in physics or bacteriology to the law of similars. There is a wide field for observation here, and I trust and believe that the newly launched scheme for a teaching and research school will aid enquirers in this direction. My investigations for many years past have been, not into the action of drugs and the pathology of drug diseases, but into the methods and technique of the art of surgery and ophthalmology. And at this moment it is the relation of surgery to the practice of the homœopathy of to-day that concerns me most. The opinion is sometimes still expressed, that homœopathy and surgery have no relationship, and that a patient consulting a homœopathic physician, or presenting himself for treatment at a homœopathic hospital, will avoid the necessity of an operation. I should not be in the position I am to-day if I did not believe that in the majority of cases a well-considered homœopathic prescription will do more for the patient than a remedy given on any other lines. But I feel at the same time that we must not have too blind a faith in the all-powerful curative effects of drugs. There are admittedly limitations to the curative actions of drugs, and we must be ready to recognize them and be prepared to turn to other agencies when we have realized that we have to deal with a condition beyond the reach of drug action. This position has been forced upon us by the efflux of time and our growth of knowledge. The Hahnemannian standpoint has changed *pari passu* with the century's advance. It is not only important to us as homœopaths, but to the profession at large, that an increasing interest has become manifest as to the position of surgery in the medical practice of to-day. We are finding out the "external obstacles to cure" spoken of by Hahnemann, and perfecting ourselves in their removal. Much of the surgical procedure of the present time might well be classified under the head of the removal of the mechanical hindrances to cure. Consider for a moment what is being done in the surgery of the stomach in cases of stenosis, due to cicatrization from ulcers, or other causes ;

and in cases of chronic gastritis with dilatation, where delayed contents of the stomach lead to changes forming an obstacle to the cure. Here a well-timed pyloro-plasty, or gastro-jejunosomy, as the condition requires, will do more in a few weeks to assist subsequent drug action, than months of the most patient and careful dieting and prescribing. The same might be said for some of the operations on the biliary tracts, undertaken for either the primary or secondary effects of biliary calculi. Those who have seen a good many operations on the appendix cæci will realize how often the pathological condition found is a perfect obstacle to the cure. One could refer in the same manner to the destructive changes excited in a kidney by the presence of a calculus, or an abnormal ureter. In fact, there is hardly any organ of the human body where we do not occasionally meet with conditions where the physician and the surgeon must act conjointly, if the best interests of the patient are to be considered. Surgery and medicine go hand in hand now in certain diseases of the brain and spinal cord ; in those of the lungs and pleura ; and even in some conditions of the heart and pericardium.

“It is important for a physician to recognize when drugging should cease and the more mechanical means of surgery be employed. It is absolutely impossible for us to draw any comparison between the relation of medicine and surgery in the days of Hahnemann, and the position of the two to-day. Then the operative mortality was appalling, the period of convalescence, if one got so far as that, exhausting and lengthy, and the number of diseases suitable for the operative treatment of that period limited. Chloroform, which deprives the patient of all the immediate horror of an operation, was then unknown, sepsis was rampant, and it is not to be wondered at that there was a natural repugnance to the surgical knife. So advanced a thinker as Hahnemann would have been one of the first to admit the altered condition of affairs, and to recognize the present position of surgery in the treatment of many so-called medical diseases.”

We leave our readers to judge for themselves as to the justice of our remarks. The whole gist of this part of the address was to show that in HAHNEMANN'S day surgery was at a low ebb, and the mortality sufficient to scare anyone from recommending an operation ; and that it

was no wonder that HAHNEMANN, knowing this, and knowing the power of homœopathic treatment to cure diseases when nothing else but the knife was supposed to be of any use, should object to surgery ; but that now surgery has so advanced as to rob it of many of its terrors, the first to recognize this would have been HAHNEMANN himself, and that he would gladly have marked off the proper spheres of action of medicine and surgery, looking on them as joint handmaidens in the service of mankind. There is here only a compliment to the MASTER's large-mindedness, and no suspicion of "change in the Hahnemannian standpoint" in the sense which is insinuated by the editor of the *Homœopathic World*.

We regret to have to speak as we have done in regard to the editorial article in the *Homœopathic World*, but it would have been a signal failure in our duty to have passed it over without animadverting on it in plain terms, and so doing our best to antidote the mischief which we fear may have already been done.

THE EDUCATION OF THE PUBLIC IN THE PRINCIPLES OF HOMŒOPATHY.

MANY of our colleagues are, we are aware, much against the idea of "appealing to the public" on any professional matter. This is, in the main, quite proper, as professional questions are better, as a rule, discussed and settled within the precincts of the profession. But this feeling may be carried to an extreme, and result in tactics, or the absence of them, which are practically suicidal to a minority, and hinder the spread of the truth, which we all aim at.

It is well known that when a minority are imbued with aims in advance of the majority, in whatever field it may be, they can only succeed in propagating their doctrines as widely as possible by efforts of militant agitation. They have to appeal to the "public" who are interested in the contention upheld by the minority. The public have to be plainly told what the issue is, and what are the principles and doctrines of the minority, in order that they may understand the whole bearing of the case, and judge for themselves. They have, in fact, to be educated in what they otherwise could not know or understand. This is the history of all large and important movements

which are at first snubbed and laughed at, but which, when brought to the intelligent notice of the public in a way they can understand, gradually become impressed on the minds of those who take the trouble to think for themselves; and the result is that after hard work and perseverance on the part of the propagandists, the doctrines of the minority become those of the majority. Though we do not care to introduce politics into our *Review*, yet we cannot forbear to instance the most recent illustration of what we mean. The Tariff Reform movement advocated by MR. CHAMBERLAIN would have remained an interesting but academical discussion, had it been quietly upheld by a few experts in that subject, or by those who think themselves experts. But MR. CHAMBERLAIN's strong point in propagating his views has been his direct appeal to the public, his lucid and powerful statement of the principles on which he is acting, his exposition of their practical results to those whose minds, fed from infancy on views which were supposed to be unalterable, required plain speaking and education. A knowledge of topics which were supposed to be reserved for academic discussion by philosophers and experts has become general, with the educational result that is patent to all.

And so it is with homœopathy. The earlier lay homœopaths became enthusiastic on it, not only from its results in practice, but from an interested and appreciative understanding of the *principles* on which the successful practice was based. That this result was greatly influenced and aided by the publication of Dr. Sharp's "Tracts" is well known. But as the next generation began to grow up, though they still adhered to the homœopathic treatment as being, in their own experience and that of their parents, the best, they ceased to take any special interest in homœopathy as a science as well as an art, with the result that to-day many of our staunchest adherents hardly know the meaning of the Law of Similars, or can explain it to any enquiring friend. This is not as it should be. It cuts away the bed-rock or basis of homœopathy on which intelligent appreciation of results rests. It removes half the interest in watching the cure of disease, and leaves an open door for the reception of the ignorant and false insinuations of the old school, namely that homœopaths have given up their principles, and that there is now,

with the improvement of the old-school treatment—an improvement which is solely due to the direct and indirect influence of homœopathy—very little difference between the treatment of the two schools of medicine. With these ideas absorbed, many of the families of those who were staunch upholders of the new school of medicine think that it does not much matter whether they have the one treatment or the other, and as a result of the human desire to be on the side of the majority, to be in the fashion, as it were, they gradually drift away to the old school. And this is all the result of want of knowledge of the essential principle of homœopathy, the one principle which forms the dividing line between the old and the new schools in treatment.

It must therefore be an essential part of an active propaganda of homœopathy, such as has recently been initiated by the British Homœopathic Association, that means be taken to educate the public in the principles and doctrines of homœopathy as contra-distinguished from the so-called “rational” and empirical treatment of the old school. Were such a propaganda ably carried into effect, the public would become alive to the real and essential issues involved in the choice of homœopathic treatment in place of the empiricism of allopathy. They would see where “law in medicine” came in, in opposition to the absence of it, and have “reason for the faith that is in them,” while they would be able to explain to friends who are ignorant or prejudiced how beautiful the law of similars is, and what it means as a scientific law of cure. That there must be a law of cure, as there is a law in disease, must occur to every thoughtful man or woman who believes in the Divine Ruler of the Universe, and the “Reign of Law:” and for every lay homœopath to be able to point out that our school is the one that possesses a law on which its practice is based, and that by it the wonderful relation between drug-action and disease is thus harmonized and explained, will create an interest in the treatment, and a desire to make it widely known which nothing else can. Filled with enthusiasm for the beautiful principle and its results, they will act as missionaries of the truth, and have higher ideals of their duty and privilege in striving to get others to accept the practical benefits they have experienced in their own persons and in that of their families.

While penning these remarks, we are glad to hear that the British Homœopathic Association is fully alive to the views we have expressed, and is adopting measures with this object. It is the intention of the Committee to secure the services of one (or more) of our colleagues in writing a popular exposition of the principles and doctrines of homœopathy. The selection of the writer must needs be a careful one, as the pamphlet or booklet must be written in such an easy and interesting style as to entice the reader who begins it to go on till he has finished it. This is essential. A formal, stiff, or prosy essay will be a failure, as the public will not wade through a dry-as-dust affair. It must also be straight, clear, and concise, giving an account of the principles of homœopathy such as will be unmistakable, and yet such as anyone can understand, with its results and statistics. If such an essay is produced, it will be one of the most valuable features of the Association's propaganda, and we shall look forward with much, and, we may say, anxious interest to see the publication.

It is interesting to note that views similar to those we have been advocating, and to those of the British Homœopathic Association, are finding expression in America. DR. BIGGAR, of Cleveland, Ohio, has offered a prize of fifty dollars for the best popular exposition of homœopathy, and for the second and third best essays a prize of thirty dollars and twenty dollars respectively. The announcement is introduced by an editorial article by DR. W. A. DEWEY, the editor of the *Medical Century*, which we think well worth reprinting. It is not stated that the candidates must be Americans, and we do not doubt that if any of our English colleagues compete for these prizes, their papers will be judged on their own merits compared with those of American candidates. But, of course, it is just possible that the prize essays are supposed to be written by American doctors only.

That this feeling in regard to the education of the public in the principles of homœopathy should simultaneously manifest itself on both sides of the Atlantic, is sufficient evidence that our mutual views are sound, and that such a work is called for in the interests of homœopathy. The article is from the *Medical Century* of July, and is headed "Evangelistic Work."

"The necessity of enlightening the people as to the claims of the homœopathic system of practice was recognized by the earliest practitioners of Homœopathy in this country. Dr. Constantine Hering in 1847 published four "Homœopathic Tracts for the People," the last of which was entitled: "Trial of Dr. Pelleteer in the County of Pukedom, Charged with Practising Homœopathy, and Condemned to be Expelled from the Ranks of the Regular Profession." Many other tracts of like nature were issued by the early fathers of Homœopathy in America, but nothing was done in a systematic way until the appearance of William Sharp's "Tracts on Homœopathy" in 1852; these were twelve in number, and reprinted from the English editions, and were issued in book form by Radde, and later by Boericke & Tafel. Each tract passed through a large number of editions, and had a most extensive circulation in this country as well as in England. They were the means of converting thousands of people to the homœopathic faith, many of whom became practitioners of Homœopathy. These tracts were largely of a controversial nature, and were chiefly devoted to answering attacks of the old school. In many instances the answers were as venomous as were the attacks upon the system to which they were replies.

"In 1886 there was formed in England a Homœopathic League, which was born at a dinner at which were present Drs. J. P. Dake, of America; R. E. Dudgeon, D. Dyce Brown, and J. H. Clarke, of England. The object of this league was a systematic appeal to the public on the subject of Homœopathy. This movement was deemed necessary in England on account of the attitude of the old school towards Homœopathy in that country. These tracts, fifty-four in number, were small pamphlets on all points of Homœopathy; like Sharp's, they were in many instances controversial, and owing to the treatment of our school in England, where the majority were written, there was necessarily considerable acridity shown in not a few of them. They served a splendid purpose, made hosts of converts, and brought to the public a respectful knowledge of Homœopathy. It is our belief that much of the present prosperity of the homœopathic system in England may be traced to the influence of both Sharp's and the Homœopathic League tracts.

"There is to-day in our country a need for a continuance of this evangelical work for the cause of Homœopathy. The opposition to Homœopathy on the part of the old school is less bitter and less venomous than it was in the days of Sharp and the Homœopathic League, but no less determined or resolute in the endeavours to check its growth. To offset these endeavours agitation is needed. If we can place in the hands

of the public popular expositions of the essential doctrines of Homœopathy, if we can inform the public what Homœopathy means, and diffuse a knowledge of it among all classes, we will not only facilitate the spread of our system and increase its appreciation, but also be doing a real service to humanity by enlightening them as to the better way in medicine. If we can by means of a well-ordered propaganda place the plain facts of Homœopathy before the public, respect and approval will result.

"There has been no one in our school who has been more insistent on the benefits to be gotten and the necessities of this evangelistic work than Dr. H. F. Biggar, of Cleveland, Ohio. Not only has he advocated that this be done in the meetings of our societies, but now he is willing to do something in a practical way. Impressed by the success of the former prize essay contest of the *Medical Century*, through his generosity he enables us to make the following announcement for another prize essay competition.

"An essay not to exceed 3,000 words under any title the writer may select, whose object shall be to present the claims of the homœopathic system of medicine to the general public. In writing the same the stand should be taken that what is written is to serve to enlighten people who are either totally unfamiliar with the tenets of Homœopathy either from ignorance or prejudice, and to bring before them in simple language the advantages of our system. While comparisons with the allopathic system will be necessary, it is desired that there be no bitter antagonism shown, and nothing incorporated therein of a like nature. The ultimate object of the essays is to furnish practitioners of medicine with material to spread broadcast to their friends and acquaintances in order to popularize the homœopathic system and serve the cause of suffering humanity.

"For the best essay fulfilling the foregoing requirements a cash prize of fifty dollars (\$50.00) will be given. For the second and third best essays, prizes of thirty dollars (\$30.00) and twenty dollars (\$20.00), respectively, will be given.

PRIZES.

1. All essays must be typewritten and on one side of paper only.
2. The length of the essays must not exceed 3,000 words.
3. Nothing should appear on the essays indicating who the writer is, they should be signed with a *non de plume* only, and the name of the writer together with his *non de plume* in a sealed envelope should accompany each essay.

4. All rights in the essays submitted shall be vested in the *Medical Century*.

5. All essays must be in the hands of the editor of the *Medical Century* by January 1, 1905, when the competition will close.

"The president of the American Institute of Homœopathy will be asked to appoint a committee to examine and report upon the essays, after which the prizes will be distributed, and the essays printed in the *Medical Century*, and re-issued in pamphlet form. As the essays are to be devoted especially to the popularizing of Homœopathy, it is not unlikely that the committee selected will be prominent laymen instead of physicians; this will be announced in a later issue.

"The great success of the former *Medical Century* prize essay on "Why Students of Medicine should select the Homœopathic School" should serve as a stimulus for writers on this, a much simpler topic.

"A long and exhaustive essay is not required, the limit of length is less than a third of the former essay. We hope to receive a large number of papers in response to this call; we believe that tracts of this sort will be productive of great good to Homœopathy. The editor will gladly answer any inquiries as to points not covered by this announcement."

BRITISH HOMŒOPATHIC ASSOCIATION. ANNUAL MEETING AND FESTIVAL DINNER.

WE draw the attention of our readers to the third Annual Meeting of the Association, which will be held in the Queen's Hall (Smaller Hall), Regent Street, London, W., on FRIDAY, THE 2ND of this month, at 3.30 o'clock. The Right Hon. the EARL CAWDOR will preside. It is to be hoped that all interested in the work of the Association will make it a point to be present, as an account of the work of the past year will be presented.

On the same day, Friday, Dec. 2nd, a FESTIVAL DINNER will be given, under the auspices of the General Committee and of the Ladies' Committee, at the Whitehall Rooms, Hotel Metropole, S.W., at 7 o'clock for 7.30. We anticipate a large and influential gathering, and trust that the donations to the Association will on this occasion do much to aid the funds, which are hardly sufficient adequately to carry out the educational aims of the Association. The Right Hon. the EARL CAWDOR has kindly consented to preside.

SYMPTOMATIC HÆMORRHAGE FROM THE MUCOUS MEMBRANE OF THE UPPER RESPIRATORY TRACT.

By DUDLEY WRIGHT, F.R.C.S.

Surgeon to the London Homœopathic Hospital.

HÆMORRHAGE from the mucous membrane of the nose or throat as a result of ulcerative processes is common, and that occurring in the course of the growth of nasopharyngeal or nasal sarcomata is also well known; but there is a third class of bleeding which is occasionally met with, and often misunderstood, and which might be termed "Symptomatic Hæmorrhage,"—by which name we might connote all those bleedings which are due to some diseased or disordered state of the blood or blood-vessels.

The underlying condition is usually an arterio-sclerosis, and high blood-pressure which is so commonly found in conjunction therewith. The bleeding may, however, be only the outcome of sudden or prolonged increased blood pressure, without the association of any marked changes in the vascular walls, and finally it may be due to the giving way of some localized varicose or dilated blood-vessel.

The following cases illustrate some of the conditions alluded to:—

CASE I.—A middle-aged gentleman, of marked gouty tendency, with obvious arterio-sclerosis, complained of frequently occurring attacks of bleeding from the throat. He had been under the treatment of a specialist, who, having found a bleeding spot on the left lateral aspect of the pharynx close to the posterior palatal fold, had applied the cautery to it. This had rather caused an increase of the trouble than the reverse.

Examination did not reveal any ulcerated spot, but there was a scar at the site of the cauterization. The vessels of the pharyngeal wall were plainly visible, and were evidently thickened. There was cardiac hypertrophy and dilatation, and the radial artery was thick and tortuous.

The treatment adopted was more with a view to remedy the vascular degeneration, and there was some decrease of the bleeding, which occurred once every six weeks or so, and always apparently from the same spot.

The progress of the case was a steady down-hill one. The arterial trouble increased, cardiac asthma supervened, and within eighteen months the patient's heart failed to keep up the pressure sufficient to ensure sufficient renal action, and death soon closed the scene.

This case was the first of this class of trouble that I had seen, having occurred a good many years ago, and I do not hesitate to say that for some time I failed to gauge its significance. I learnt from it, however, a lesson which has been very useful to me ever since, and the knowledge thereby acquired has enabled me to appraise at its true value this combination of symptoms. Whenever we meet with hæmorrhage from the mucous membrane of a middle-aged person, there being no ulcerative process to account for it, our suspicions should be aroused, and if no growth can be found to account for it, we should seek for evidences of high arterial tension and vascular degeneration.

High arterial pressure alone in the case of young adults may in itself be sufficient to cause this kind of bleeding. I have met with two or three such instances, and I am inclined to think that cases of so-called vicarious menstruation, in which, in the absence of the regular menstrual flux, a bleeding occurs from the nose, throat, or ears, will be found to have an origin in a sudden variation of arterial pressure. The following case is interesting in this connection :—

A lady, aged 31 years, consulted me for bad headaches and frequent nose bleeding. The former she had been subject to since childhood, the latter for the last three months, during which time she had suffered from no less than twenty attacks. The headaches last the whole day, they are accompanied by a copious urinary flow. She is always worse in cold, damp weather. Periods very profuse and painful. Much constipated. No vertigo. Gets bouts of sleeping badly, waking up early in morning. Pulse 54, and irregular, and marked high tension. The nasal condition was practically normal. Benzoic acid 2x gr. ij. ter in die ordered.

In a month not any change, still nasal bleeding. Occipital headaches bad, constantly waking with them. Sodæ benzoatis 1x gr. v ter in die ordered, and bryonia 3x for the headaches if very bad.

In three weeks much improvement was manifest.

Only one bleeding and much less headache. I found out at this time that she was in the habit of taking a quantity of salt, and that she constantly carried about with her some rock salt crystals which she frequently ate. Of course this was stopped, the benzoate of soda being continued. In another month I saw her again, when she reported herself to have been free from nose-bleeding, and the headaches were much less frequent. The tension of the pulse was also less.

The patient continued treatment for another eight weeks without any further bleeding occurring, and by this time she was much improved in health, and could walk and take other exercise without bringing on the great fatigue from which she formerly suffered. Medical treatment was then discontinued, and the patient put on an hygienic course of baths and regulated exercises, until she was practically restored to health.

The patient was much subject to rheumatism, and I have no doubt that this, and the high tension brought about by the accumulation in the blood of the poisons responsible for the rheumatic condition, were the real causes of the nose bleeding. This is an important point, for it shows how much harm might have been brought about by using adrenalin, as is so commonly done, as a styptic in this case. It would certainly have increased the pulse tension, and in an older patient with atheromatous cerebral arteries might have led to a fatal hæmorrhage.

Varicose veins at the base of the tongue and around the lingual tonsil I have also seen to be a cause of some bleeding into the oral cavity. Such cases have at times given rise to the suspicion of commencing consumption. Such patients are often mouth breathers, owing to nasal obstruction, and sleep with the mouth open. Consequently they wake in the morning with the mouth and tongue dry, and the movements of these parts causes some slight fissuring of the dry and easily cracked epidermis, which results in slight bleeding. Hence the patient often awakes with the taste of blood in the mouth, and is sometimes much, and of course, needlessly alarmed thereby. Treatment of the nasal obstruction will usually set matters right.

Ordinary epistaxis not dependent upon a blow on the nose, nearly always owes its origin to the rupture of a

small vessel on the nasal septum just within the vestibule of the nose. There is often at this spot a prominence of the septum, and on this, a crust of dried mucus is apt to form, and if the patient attempts to dislodge this with the finger, a slight scratch with the nail will start the bleeding.

I feel sure that most of these cases are really traumatic in one way or another. If not due to the patient's own efforts, the crust may be dislodged by blowing the nose, and as it comes away it may detach a portion of the thin mucous membrane. Violent bleeding may result, and plugging of the nares both anterior and posterior is often resorted to, and yet it is very little known that such procedures are rarely required. Pinching tightly together the alæ nasi close to their lower edges at their junction with the face, by compressing the bleeding spot in the septum, will usually stop the hæmorrhage in ten minutes or less.

In cases where such attacks of bleeding are frequent, I have often found a small ulcerated spot. This is usually the cause in elderly females. I have seldom met with it in the young. If this ulcer be lightly burnt with the galvano-cautery, it usually quickly heals up, and there is no repetition of the bleeding.

The spot at which these ulcerations occur is interesting from the fact that it is at the junction of two vascular channels, *viz.*, the naso-palatine, from below, and the spheno-palatine, from above. It is also about the region where the premaxillary bone unites with the lateral inward prolongations of the maxillæ. These facts possibly causing a certain amount of disturbed equilibrium of its proper development, may account for the occasional occurrence of a small cushion of nævoid tissue in this region. One such case have I seen. It was a man, a patient of Dr. Madden, who had been subject to attacks of alarming hæmorrhage from his nose, as a consequence of which he had been brought to a very debilitated state. I found on both sides, more especially on the right, a mass of nævoid tissue which bled easily on touching with a probe. The galvano-cautery was applied to the nævoid area, and the symptoms much diminished. I have since heard from Dr. Madden that the application had to be repeated, as the disease had not been entirely destroyed by the first cauterization.

THE HOMŒOPATHIC TREATMENT OF SOME DISEASES COMMON IN OLD AGE.*

By A. M. CASH, M.D., Torquay.

ONE of the commonest and most frequently fatal is *Bronchitis*. The physician is called to an old man who, shortly after exposure to a cold wind, begins to feel malaise, and tightness in the chest. Possibly a hoarse voice and rough cough have set in, and he anticipates—what he has probably had before—a severe bronchial attack with all its dangerous possibilities. The temperature is not high, perhaps 99°–100°; pulse not much quickened, febrile action therefore not intense. Shall we give *aconite*? Now there may be a difference of opinion here. There is the idea derived from old-school views of *aconite*, that even in the dilutions it may be a dangerous depressant. But I think with care this should not be the case, and we need its action even in the old and feeble, to cut quickly at such fever as the case presents. My usual practice in such an instance as I have described, when first seen, is to put 4 or 5 drops of the first decimal into water, diluted so as to give about the sixth part of a drop of 1x for a dose. I should give this dose every two hours, alternated at the beginning of an attack with *spongia* 3x if the larynx were chiefly affected; possibly *bryonia* 3x if the chest were more implicated. I generally find that by the next visit the temperature is about normal or slightly above. I would then stop *aconite* 1x, and if *aconite* seemed indicated still, would give it in the 3x or 6x dilution. Probably we shall now find our patient with a looser cough, and beginning to expectorate mucus. According to the character of this mucus our further treatment may be decided: If it is frothy and easily expectorated, *ant. tart.* 3x or 2x; if it is stringy and more difficult to raise, *kali. bich.* 3x is indicated. Under these circumstances we may hope, as a rule, to see the patient tided over the acuteness of an attack in two or three days. This may end the matter, but a patient who has had bronchitis previously is very apt to have some cough and expectoration remaining. The treatment of

*Paper read at the West of England Therapeutic Society's meeting, held at Plymouth, October 19th, 1904. Modified and amended from Lecture given in Post-Graduate Course, London Homœopathic Hospital June 22nd, 1904.

the succeeding more chronic stage may require continuation of *ant. tart.* and *kali bich.*, or possibly *nitric acid*; troublesome cough—*conium*, *senega*, or *hyoscyamus* (specially nocturnal cough); *ipéc.* if gastric catarrh accompanies; *drosera* useful if cough is specially spasmodic in character. These remedies I have usually found very beneficial, *conium* and *hyos.* being specially soothing in useless, irritating coughs, while *ant. tart.* and *kali bich.* clear up mucus and strengthen the respiration.

This treatment, as above sketched, has two or three times in each year recently checked and easily tided over the bronchial attacks of a gentleman of 88 years of age. Aconite as above given has always seemed specially useful in his case; under its action after a few doses the threatening nature of the symptoms gets milder, and the feverish tension relaxes, and little remains but an old man's cough to combat.

Again, in an old lady of 84 another variety of bronchitis is illustrated. She, unlike the old man, would postpone the doctor's visit as long as she dared, and symptoms were pretty well established with her before they could be taken in hand. Her bronchial attacks had in them a considerable amount of the asthmatic nature. She had a weak heart and atheromatous radials, and had had one attack of cardiac angina. As a rule *arsenic* and *ipéc.* pulled her round well, though treatment was difficult, as she could never understand she needed care, and perpetually tried to underfeed herself. *Spongia* and *causticum* met the laryngeal catarrh to which she was liable, and *china* always helped her in convalescence.

Acute cases of *cardiac disease* are less frequent in the aged than *chronic*; a *degenerated myocardium* and *atheromatous arterial system* accounting for many deaths amongst them. *Cerebral hæmorrhage* is often the closing scene, and much may be done by careful preventive treatment for those known to be affected in this direction, in order to postpone the final stroke. I have recently lost two old ladies who for many years have been threatened in this way, and who, by treatment from time to time, appear to have had the disease kept in abeyance. One died at 87 after several small recurrent cerebral hæmorrhages and softening of the brain. *Opium* was often of service to her in the condition of torpor and semi-paralysis which developed. The other case was of a more sthenic

and congestive character. *Nux* and *bell.* were given in her attacks, and controlled the secondary vomiting. She died at last, 90 years of age. *Arnica* has often served me well in congestive cerebral troubles with threatened paralysis. Possibly it acts specifically on brittle vessels, but I think more probably by calming the circulation and soothing the nerves. It often promotes sleep, and I have seen it act like a sedative draught without any of the objectionable effects.

We have all seen such a case as the following: An elderly person, often one of an active, energetic temperament, hitherto in possession of fair or decidedly good health, has the misfortune to get a fall. This seems entirely to upset the system. Though there has been no fracture or definite injury, the nerve machinery has sustained a severe shock, and under this the individual goes to pieces. Some illness follows, or some weakness develops, which hitherto has lain dormant in the system. *Arnica* is the chief remedy, and perseveringly used, in low dilutions and high, will benefit as nothing else will.

For the *loss of memory* and *mental power* in the aged, I have had good results from *baryta carbonica*, and have seen this drug in the 6x trit. decidedly benefit a case where no particular effect had been produced by the 3x. Under its use, persevered in for some weeks, an elderly lady, according to the testimony of her nurse and household, from being in a semi-lost, fatuous state, recovered some of her mental equilibrium, and displayed an animation and interest in life which she had before seemed entirely to lose. In fact her natural temper, which was none of the pleasantest, re-asserted itself so much as to suggest that the mellowing process of natural decay had better not be interfered with! Possibly *baryta carb.* may act best when mental hebetude is dependent on atheromatous changes in cerebral vessels, and consequent insufficient nourishment of the grey matter of the brain. *Delusions with the aged* are very apt to take the form of imagining themselves from home. *Senile dementia* needs rest and persistent feeding. *Acute mania* is not very common in advanced life. I had a severe case some time ago in an old man of 78. It was preceded by a slight cerebral hæmorrhage, which caused a severe shock and a short period of insensibility. Then violent maniacal excitement followed, struggling with attendants to get out of bed,

insomnia, flushed face, and furious language. He was given *ignatia* 1x and *hyosc.* 1x, and shortly fell asleep. The sleep lasted steadily for sixty hours, and under this partial restoration of the mental faculties took place, and never afterwards was there a recurrence of the mania. He became calm and quiet, and took food well. The key to his state largely lay in the regulation of the bowels. If at any later time he became excited it was always found to be coincident with some constipation; this, of course, was carefully watched and treated. With care and attention his life was made easy and comfortable. He lived for a year after this, and his mental condition never gave any further trouble.

Insomnia is often a very troublesome affair in advanced life. The ancient writer says of the old man, "And he shall rise up at the voice of the bird." And certainly it is often in the early morning hours that the aged awake, and thereafter find it impossible to get off to sleep again. I have generally found *coffea* in the 6th decimal dilution the most helpful for this; it usually does something for the sleeplessness—often a good deal. The *coffea* sleeplessness seems associated with a nervous element, anxiety and worrying thoughts being causative. One old gentleman, of a very restless, imaginative temperament, for whom I prescribed it, who suffered from a weak heart and a dilated stomach, used to say he could not understand how it should do it, but he always got better nights after taking "that tasteless medicine"! *Aconite*, generally in the 6x dilution, has also served me well when there was restlessness and nervous excitement, and often a dose or two of this shortly before bedtime has markedly promoted sleep, by quieting the restless, nervous irritability which was keeping sleep away.

The subject of *constipation* comes up prominently for consideration in reviewing ailments specially incident to advanced life. As the torpor of age creeps on, the bowels respond less easily to reflex stimuli than in earlier days. Exercise—perhaps the most important of all aids to regular action—naturally decreases, and the increase of fat which often occurs in the omentum and external abdominal walls still further retards the function. Chronic constipation is so frequently associated with chronic dyspepsia, that its treatment naturally falls in with that of the latter trouble. The remedy I think most

frequently indicated is *lycopodium*, which I prefer to give in the 6x trit. An atonic condition of the bowels is present, with flatulent dilatation of the colon, and *lycopod.*, with or without *nux vom.*, often remedies this condition and tones the feeble muscular fibres. Chronic constipation, while not usually alarming, may culminate in a very serious state of things. I was sent for recently to see an elderly lady who had been running down in health for some time, especially during the last sixteen months. She had formerly been extremely stout, but had lost weight in this time from 14 to 10 stone. She had lived a sedentary life, taking little or no exercise for years, and feeding largely on soups, to which she was very partial. I found her with great flatulent distension of the abdomen, with borborygmi, attacks of vomiting, and long-continued constipation. She had lost all appetite, and when I saw her had a sallow appearance and very much the aspect of one suffering from malignant internal disease. On examination the entire colon was found greatly distended with gas, and on palpation the abdomen felt somewhat doughy and resistant; it was very large—42½ inches in girth at the umbilicus. The large bowel encroached upon the liver, so that it was not at that time possible to map out the organ. The vomiting was only occasional, and consisted of glairy gastric mucus. The urine was only 7 ounces in twenty-three hours, intensely concentrated, S.G. 1034, no sugar or albumin, and precipitated phosphates. She had external piles, and an incomplete ischio-rectal fistula. She could eructate gas with great relief, but none passed downwards. I gave her *lycopod.* 6x, 2 grs. every two hours, and a warm compress to the abdomen, and ordered a mild, solid diet, such as chicken, sweetbread, and Benger, instead of the fluids she had been taking; a tumbler of hot water to be given an hour before meals, and little fluid else allowed. She remained in bed, not having strength to sit up, unless perhaps for a very short time. This treatment was carried on for five days; she then passed two large stools of the consistence and appearance of putty. Massage was then ordered to the abdomen for half an hour night and morning, and the *lycopod.* continued. Within the next three days she had altogether sixty actions of the same nature, passing what she described as "lbs. of stuff like mortar." She now described herself as having a sense of great relief, and

feeling "better than she had done for years." The urine rose in amount—26 ounces in twenty-four hours—and continued to increase till it reached about 40 ounces; S.G. fell to 1022. The abdominal girth was reduced 7 inches, and the abdomen became soft and lost its tympanitic character. The appetite returned, and as she felt herself lighter and more elastic she began to feel the desire to walk, which was quite unlike her usual habit. The grey fecal material, which had been undoubtedly accumulating in the bowels for a long period, continued to pass away several times daily for about a week; after this daily action was established, and in about ten days the appearance and consistence had become pretty much that of healthy evacuations. The sense of well-being and strength was rather remarkably quick to return. This was an extreme case of *copro-stasis*, and it is not a little curious that with all this evil material inside her, the patient did not develop more acute symptoms of auto-intoxication. *Lycopod.* carried her through the whole affair after she came into my hands, and to its searching dynamic action I attribute the cure of the chronic and, at last, menacing condition which her symptoms presented.

I have referred to the increase of *fat in the abdomen* as a cause of *constipation*. This may at times require special treatment. It is best met by careful regulation of the diet and the use of voluntary exercise as far as this is possible. Failing this latter, we may have recourse to massage, which often proves very useful. It acts in two ways—by stimulating the absorption of fatty matter, and by increasing muscular power and intestinal peristalsis. For medicine, *calcareæ carb.* has been advised. I have used it at times, and perhaps got some benefit therefrom.

Vertigo is a symptom very frequently met with in old people. At all periods of life it may be a symptom, and one sometimes not easy to appreciate at its proper significance. Specially is this the case in advanced life; it may stand in one person for a passing gastric upset, in another it may mean a failing myocardium which is becoming unable to send the blood equally and steadily through the brain. Causes, too, are often mixed; something of both may occur together, and it is just this that makes vertigo a symptom of anxiety to both patient

and physician. To illustrate this: I had under my care an elderly, shrivelled, very sallow lady, upwards of 80. She often complained of distressing vertigo with nausea, and the sensation as of a cloud coming over the brain. Her pulse was slow and intermittent; she was threatened with syncope, and had at times the feeling of dying. She was a very moderate eater, and had a pretty good digestion for her age. She was put to bed and kept lying to enable the heart to feed the brain. She had a course of *digitalis* and *cocculus*, and gradually got better, almost lost her attacks of vertigo, and became able to leave her bed and go about the house and garden. The heart's action improved; still, if the bowels delayed even a little, a sense of vertigo was complained of, and it was necessary for her to be maintained in a state of constant regularity, or a relapse was almost certain. *Bryonia* was of great service to this lady, maintaining the bowels in a condition of comfortable and safe regularity, and she was kept continuously upon it for weeks and months together with the best of results. The effect of the *digitalis* was very marked upon her pulse. This, after one of her syncopal attacks, would be under 40 a minute, and very poor at that. Half-drop doses of the mother tincture raised it to 60 a minute, with corresponding increase in volume and regularity. Where we find the stomach apparently responsible for vertiginous attacks, *nux vom.* is specially indicated, and many are the cases cured by this valuable remedy. *Cocculus*, again, is very efficacious where the vertigo is brought on by any particular motion of the body, such as by swinging or driving.

One of the most persistent cases recently met with was in an elderly gentleman who had previously enjoyed good health, and after an active business life had retired to live in Torquay. His radials were somewhat rigid, but the heart was sound, and he was able to walk a good distance without dyspnoea. A hard-boiled egg for breakfast one morning initiated an illness which lasted six months, and which many times threatened to make an end of him. Vertigo was the most prominent and distressing thing, but there was double vision, a paretic state—rather than any definite paralysis—of the limbs, a high degree of constipation, and the passing of uric acid crystals for many weeks. The vertigo lasted six months before it was got under. His mental condition

was weak and wandering, and at one period of his illness there was the fear it might develop into some form of alienation, as insanity was in the family, several of his relatives having been in the asylum. From time to time various remedies were useful, amongst them *nux.*, *gel.*, *silic.*, *conium*, *physostigma*, *bryon.*, *iris.*, and *merc.*, but *bell.* and *lycopod.* seemed to do most, clearing the liver and brain, and restoring him to a comparatively comfortable state of health. Since the above was written this patient's heart has given out, and he is now suffering from advanced cardiac asthma and dropsy, having also delusions and excited intervals. The vertigo has, however, never troubled him again.

Bladder troubles in elderly men are frequently met with, and tax all our resources. In addition to important surgical aid, we may assist by our remedies to keep up the patient's strength, and to soothe the nervous irritability of the urinary passages.

Ferrum picricum has been advised for the condition of *hypertrophied prostate* of advanced life. Last year I treated such a case in a retired sea captain, of 62, where the left lobe of the gland was enlarged, forming a prominence equal to a medium-sized horse-chestnut, which projected into the bowel. He was obliged to rise frequently at night to empty the bladder. The urine passed feebly in a thin stream. After he had voided all the urine he was able, I passed a catheter and found the "residual urine" to equal 1½ ounces. It did not seem advisable to put him on the constant use of the catheter for this amount, and I prescribed *ferr. picric.* 2x in 2-gr. doses three times a day. After a month's use of this he reported himself much better, being able to pass the urine with less obstruction, and not having to rise so frequently at night.

In another case of *senile hypertrophy of the prostate*, in an elderly gentleman of 78, the whole gland projected backward into the rectum, causing a flattened condition of the fæces. Considerable discomfort was caused, because every time he passed water an attempt was set up at the same moment for the bowels to act likewise, and this was also caused by the passing of flatus per rectum. The distension of parts by the enlarged gland interfered with the full integrity of the sphincters of the bowel. In these cases the straining to pass water weakens

for a time their safeguard action, and as this causes great inconvenience and distress to the patient, we shall earn his gratitude if we can give him any help in his trouble. In this case the use of *lycop.* and of *aloe soc.* gave considerable relief to the patient. *Lycop.* probably benefits by decreasing the flatulent accumulation in the lower bowel: *aloes*, I think, more by diminishing muscular action and quieting tenesmus.

In *chronic cystitis*, with painful and frequent micturition, *bellad.* and *canth.* internally will often afford great relief. These remedies allay the irritation and reduce the inflammation of the bladder, and so it becomes possible for the tortured patient to get some sleep and relief from the everlasting desire to pass off urine when only a few drops have accumulated. I have seen *cannab. ind.* 1x of service in allaying an acute attack of *spasmodic dysuria* in a very old gentleman. The attack would come on suddenly in the night, causing great distress, but it was generally quickly relieved by the use of the Indian hemp.

Of *skin affections*, *prurigo senilis* is often of a severe type, and may be a formidable and intractable disorder. Any source of external irritation must be carefully looked for and removed; that caused by glycosuria, gout, or jaundice has to be reckoned with. But, further than these, there remains a certain class of cases where the cause is probably a *slowing of circulation due to general feebleness and heart debility*, causing some stasis in the skin capillaries. Very helpful here is *rhus venenata*, not lower than 3x, better 6x or even higher. *Sulphur* in similar dilutions may be given first, or these remedies may be given concurrently—of *sulph.* a dose once a day, and *rhus* every three or four hours. In acute forms of *prurigo senilis*, when the irritation and restlessness are severe, *acon.* 3x helps *rhus* action. In more chronic forms, especially where much debility, *arsenic* may be the remedy, but it must be persevered in for some time, as its action is slow. The patient's strength must be well sustained by mild nourishment frequently administered. *Morphia* has rather disappointed me; given in the 3x I tried it recently in a severe type of pruriginous irritation in a case of malignant jaundice. But such a case is beyond hope of medicinal relief whilst the jaundice persists. In a similar condition the *dolichos pruriens* has been of service, and should be kept in mind in this obstinate and distressing affection.

Finally, as to the *eyes*. *Senile cataract* has been treated homœopathically with good effect. Dr. Bayes, in his "Applied Homœopathy," gives a case where "the patient was taking *conium* 3 for a foetid ulcer of the leg, and after a course of about a fortnight she, to her surprise, found sight returning to the eye, in which for eighteen years she was totally blind." I had myself a case of an elderly woman seen at dispensary many years ago, whom I treated for cataract with some success in the direction of attaining improved vision. I cannot lay my hands on the notes at this distant date, but my impression is that the remedy used was *cannabis sativa*. A condition seen in very old people at times which is unsightly and painful, is *eversion of the lower eyelid* with watery discharge. An elderly gentleman of 81 applied to me for a rather high grade of this trouble. His disease was *chronic conjunctivitis trachomatosa*. He had large, fleshy, scarlet granulations which pushed out the lower lid and kept his eyes in a constant state of watery irritation. I prescribed for him *thuja* 12x, to be taken twice a day, and twice a week for some time painted the granulations lightly over with *thuja* ϕ . The painting was done less frequently by degrees, but the medicine steadily continued internally. In from two to three months the granulations had shrunk up, had become small and flat, and the watery discharge and irritation of the eyes much improved.

In conclusion, I fear this paper is of a somewhat fragmentary and desultory description. Experience in any line must be largely dependent on individual practice. I have endeavoured as much as possible to speak from my own personal experience, illustrated by cases taken from my note-book jottings. So I must ask the forbearance of my auditors if the handling of the subjects I have touched on seems to lack the finish and precision of a hospital record.

DR. BEALE'S PAPER ON NEPHRO-LITHOTOMY.

(The following was sent to us by Dr. Beale, to be added to his paper published in our last issue, but it was too late for insertion.—EDS.)

After careful search, I can only find two records of similar operations, *i.e.*, nephro-lithotomy in a horseshoe kidney. One was reported in the *Transactions of the New York Surgical Society*, in a paper given by Dr. Lange

before the Society, April, 1901. A man, æt. 29 years, had had pains in the right lumbar region, with frequent exacerbations. He had passed three calculi spontaneously. There was a calculus in the bladder discovered by the cystoscope; X-rays showed a shadow in the position of the right kidney. Nephro-lithotomy was decided on, but the operation proved most difficult, and the kidney was exposed with difficulty, one of the ribs having to be excised for the purpose. An almond-shaped calculus was discovered in the pelvis and removed. Pneumonia followed operation, which delayed convalescence. The other case was reported in Kurston's monograph on Surgery of Kidneys, where the history is very similar.

REVIEWS.

A Clinical Repertory to the Dictionary of Materia Medica, together with Repertories of Causation, Temperaments, Clinical Relationships, Natural Relationships. By JOHN HENRY CLARKE, M.D. London: The Homœopathic Publishing Company. 1904.

In issuing this Clinical Repertory Dr. Clarke makes complete his able and admirable *Dictionary of Practical Materia Medica*, which in three volumes has been some time in the hands of the profession. The large work is a very valuable contribution to homœopathy and its *Materia Medica*, and has established its reputation wherever homœopathy is practised. But a Clinical Repertory was a *desideratum*, which, with evident hard and laborious work, Dr. Clarke has now given us. We congratulate him on the result. It will be found of essential use to those who study his *Dictionary of Practical Materia Medica*, but it will also be, as the author designs it to be, "for use in the study of the *Materia Medica*" itself.

The volume consists of 347 pages, of which the "Clinical Repertory" occupies only 133 pages. The rest of the work is made up of important and valuable chapters which throw side-lights on the remedies. The first of these chapters is a "Repertory of Causation," which tells how remedies are related to conditions due to definite causes. The second is a "Repertory of Temperaments," a very essential feature in successful homœopathic practice. The third is a "Repertory of Clinical Relationships," which explains itself; while

the fourth is a "Repertory of Natural Relationships," giving the natural relations of plants of the same order, enabling one to group together various remedies, and observe their similarity, as well as their differentiation.

In fact, the work before us is as complete as we could possibly anticipate. The labour bestowed on it must have been very great, but the result will repay the author with a sense of satisfaction and his readers with a sense of gratitude.

Topical, Mental, and Social Aspects of Brain Function, illustrated by cases of disease. By GILES F. GOLDSBROUGH, M.D., Physician for Diseases of the Nervous System to the London Homœopathic Hospital; Member of the Aristotelian Society for the Systematic Study of Philosophy. Reprinted from the *Monthly Homœopathic Review*. London: E. Gould & Son, Ltd., 1904.

Cerebral Localization: some Suggestions on Principles and Conclusions. By the same author. Reprinted from the *Journal of the British Homœopathic Society*, Oct., 1904. London: John Bale, Sons & Danielsson, Ltd. 1904.

THESE papers, now reprinted in a separate form, the latter as "complementary and supplementary," as the author terms it, to the former, are well worth issuing in a pamphlet or booklet form. Our readers have probably read in our pages the masterly treatise—the former of these two pamphlets; and many of them heard the latter paper on Cerebral Localization at the British Homœopathic Society. But the subject is so intricate, so specialistic, and so abstruse that at a mere reading of the paper it could not well be fully taken in or assimilated except by experts in the subject. It is necessary, therefore, to study both of these works carefully at leisure. Dr. Goldsbrough is evidently thoroughly at home in writing on the topics he takes up, and shows himself a past master in them. Many of our readers may possibly feel that the author's writings are rather over their head, and too abstruse for the ordinary or average capacity; but such careful and elaborately thought-out papers, with illustrative cases, so full of suggestions, and of practical application to the study of brain diseases, are most valuable to possess and to study, and we think that the time and thought required to follow Dr. Goldsbrough in these writings will be well spent. They are the most philosophical papers that we have seen on the subject for a long time, and we congratulate Dr. Goldsbrough on his mastery of a very intricate study, and our school of medicine in having such an able specialist in our ranks.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Session 1904-1905 was held at the London Homœopathic Hospital, on Thursday, November 3rd, 1904, at 8 o'clock. Dr. JAMES JOHNSTONE, President, in the Chair.

NEW MEMBER.

Thomas Miller Neatby, M.A. Cantab. et Lond., M.R.C.S. Eng., L.R.C.P. Lond., of Mildmay Park, London, was elected a member of the Society.

SPECIMENS.

The following Specimens were exhibited : (1) Hair from a dermoid in coccygeal region, simulating ordinary abscess ; (2) Oxalate renal calculus, extracted from the left side of a "horse-shoe" kidney (Mr. A. A. Beale) ; (3) A malignant ovarian tumour removed by operation. Death ; (4) Intra-mural uterine fibro-myoma, removed by myomectomy. Recovery ; (5) A uterine fibro-myoma, removed by hysterectomy on account of hæmorrhage and cardiac weakness. Recovery ; (6) A uterine fibro-myoma, showing sub-peritoneal pedunculated nodules ("hard fibroids") and intra-mural degenerating myomata ("soft fibroids") ; removed for pressure symptoms. Recovery (Dr. Edwin A. Neatby) ; and (7) Microscopic sections of last named, showing structure of "hard" and "soft" portions (Mr. F. Watkins).

MEMORIAL TO THE LATE DR. DUDGEON.

A report from the Council was submitted in reference to a memorial to the late Dr. Dudgeon, recommending that an oil painting be secured, and if surplus funds were available that they should be devoted to the improvement of the library of the Society. Dr. Dyce Brown informed the Society that a portrait painted about six years ago was in existence, and in all probability was at the disposal of the Society. The picture was thought to be an excellent likeness. By a resolution passed, Dr. Dyce Brown was requested to make arrangements to have the portrait on view in the Board Room of the Hospital at or before the next meeting of the Society.

The President intimated that Dr. Dudgeon had bequeathed his own library to the Society, and it was now in their possession.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Dr. W. T. Ord, of Bournemouth, read a paper entitled *Drug Treatment and the Later Stages of Phthisis*, of which the following is a synopsis. Dr. Ord asked the question, "Do drugs ever arrest the disease in the later stages of phthisis?" and his answer consisted in a review of the present position of drug treatment for phthisis in the old school, and of homœopathic treatment, offering some specially interesting points in reference to the latter. Dr. Ord gave it as his experience that provided the lungs only are involved, cure need not be despaired of. In the later stages, however, the drugs called for in the earlier stages, arsenic, phosphorus, calcarea and others, would do little good. But in iodine he had found a remedy which had a distinct effect in the later stages. He gave it in five drop doses of the 1x tincture in milk. Another drug indicated was aurum. But from a thorough search in the materia, stannum comes out as the most clearly indicated medicine in these states, and Dr. Ord had found that given in the form of the iodide, the effects of this drug have been distinctly satisfactory. When there is no tubercular enteritis and the evening temperature does not exceed 102°, he had nearly always obtained some effect from its use, which soon became evident to the stethoscope. Dr. Ord gives stannum iod. in the 2x trit., 1 to 3 grains three times a day after meals. The administration of iodine in milk, as above suggested, seems to aid the action of the stannum iod. Dr. Ord gave the following principles as embodying the ideal treatment for advanced phthisis: (1) Absolute open-air treatment in the best climate obtainable (Bournemouth and Ventnor ranking first); (2) Super-alimentation according to the digestive powers of the patient; (3) The administration of stannum iod. with or without the addition of iodine or any other homœopathically indicated medicine.

Dr. Dyce Brown, Dr. Clarke, Dr. Stonham, Dr. Spiers Alexander, Mr. Dudley Wright, Dr. Watkins, Dr. Searson, Dr. Byres Moir, Dr. Lambert, Dr. Granville Hey, joined in a discussion of the paper, and Dr. Ord replied.

A paper was then read by Dr. T. D. Nicholson, of Clifton, on the *Action and Therapeutics of Strychnine*. Dr. Nicholson first gave a *resumé* of the effects of provings and poisonings by strychnine, and then summed up its action on the spinal cord, nerve centres, and motor nerves. He showed that effects of the drug could be divided into three stages: (1) Excitability; (2) Spasm; (3) Exhaustion; and that all stages should be regarded as drug effects which would lead to the drug being given as medicine. Disease exhibiting symptoms

of either stage call for the homœopathic administration of strychnine. For example, under (1) certain kinds of headache, hysteria and insomnia; under (2) tetanus, chorea, idiopathic epilepsy and writer's cramp; under (3) diphtheritic paralysis, atony of the bladder, and convalescence from acute disease. Several cases were cited illustrating the use of the drug in these diseased states.

Dr. Johnstone (from the Chair), Dr. Dyce Brown, Dr. Goldsbrough, Dr. Stonham, and Dr. Clarke, contributed to a discussion of the subject, on which Dr. Nicholson replied.

NOTABILIA.

THE LIVERPOOL BRANCH
OF THE BRITISH HOMŒOPATHIC SOCIETY AND
THE LATE DR. DUDGEON.

(The following report of the proceedings of the above Society held on the 13th of October was sent to us too late for insertion in our November issue.—Eds.)

THE President, Dr. Thomas Simpson, said: "Gentlemen, as a preliminary to the formal fulfilment of my undertaking for this evening, I know you will accept a passing reference to the mournful event which recently removed an object of our admiration from our midst, by the death of Dr. Dudgeon. Of his excellency we cannot fitly speak; it was the constant wonder of our minds, such courage and resource, such energy and patience, such genius and knowledge, we rarely find blended in one man. In the early history of British Homœopathy, he seemed to be what Carlyle defines as The Man wanted and found to expound its tenets, to urge its claims upon the profession, and to repel attacks which were made upon the heroic band of noble and ingenuous souls, who for the advancement of the race were wiser than their time. He showed that generous and ungrudging spirit which is not content with paying the tax of effort imposed by the conventionalities of the time, but freely throws into the service of duty, a spontaneity of sacrifice demonstrative of a faith beyond all bondage. He spent his substance and his splendid talents in planting the seeds of medical reform among the members of the profession, who during preceding generations had pursued methods which are now admitted to be unscientific, unsuccessful, baneful. Examples such as Dr. Dudgeon's naturally kindle in us all a passionate homage, and fill us with a respect for our nature and a new hope for the world.

What is it that so subdues us, in these souls of large adventure, and makes us gather round them as the very saviours of our faith, compelling us to feel that were it not for such fearless and heroic men the record of mankind would be a dreary page, and were their voices silent the course of time would have no music in its flow. Surely it is no sense of selfish benefit, no grateful thought of what they gained for us. We measure them not by success alone, but by their worth, and had their striving been in vain, we should have revered them still, only with a sadness instead of a glory in the heart. Their self-denials put our apathy to the blush, and inspire us with an earnest endeavour to bear our part in the undertakings which were initiated by such splendid pioneers as Ludlam and Jousset, Hughes, Drysdale, and Dudgeon.

“Our tribute to the memory of Dr. Dudgeon, a man of the most kindly and lovable disposition, were sadly incomplete did we forget those near and dear to him; to them we would offer our most heartfelt sympathy in the loss which they have sustained, a loss compared to which our loss, great though that is, can only be reckoned as the dust in the balance; and we trust that the knowledge that Dr. Dudgeon’s memory is revered in so large and wide a circle, may be to them a source of comfort and of consolation in their bereavement.”

Dr. J. W. Hayward, in supporting the resolution of condolence, desired to indorse all that Dr. Simpson had said of the many services which Dr. Dudgeon had rendered the cause of homœopathy, and to add his personal tribute of esteem for the many admirable qualities of head and of heart which Dr. Dudgeon possessed, and for which his memory would long be cherished amongst us.

LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Dinner of the past and present Members of the Medical and Surgical Staff of the Hospital took place on Friday, November 18th, at the Great Central Hotel. The attendance was a good one, the evening’s entertainment, in music, reciting, and conjuring, was contributed by the members and their guests, and all agreed that it was one of the most successful and enjoyable gatherings that had ever been held.

HOMŒOPATHIC PRACTICE IN CROWBOROUGH, SUSSEX.

CROWBOROUGH, we need not say, is well known as a health resort, where many families go to spend the summer, and

where doctors in the South of England frequently send patients for change of air. Hitherto there has been no homœopathic doctor nearer than Tunbridge Wells, and the want of one at Crowborough has been frequently spoken of to us with regret. We are therefore pleased to inform our colleagues that Drs. Fredk. Neild and Grace, of Tunbridge Wells, have now arranged to go there three days a week. As they have motor-cars, they will thus be able practically to treat Crowborough as a suburb of Tunbridge Wells.

THE WESTERN COUNTIES THERAPEUTIC SOCIETY.

THE members of the Western Counties Therapeutic Society met on Wednesday, Oct. 19th, at the Homœopathic Hospital, Lockyer Street, Plymouth, where they were provided with tea by the kind hospitality of the Board. The president (Rev. W. K. Burford), treasurer, and secretary of the institution and several ladies were also present. After tea, the visitors were taken through the wards and expressed their interest in all that was shown them. The visitors then went on the Hoe, and subsequently met at 8, Queen Anne Terrace, the residence of Dr. Newbery, where Dr. Midgley Cash, of Torquay, read an interesting paper on "Some of the Diseases of Old Age." A discussion followed, after which the visitors, together with the hon. treasurer and secretary of the hospital, were entertained to dinner. The president of the hospital was unavoidably absent from this part of the proceedings.

THE HOMŒOPATHIC HOSPITAL, LAUNCESTON, TASMANIA.

THE Annual Meeting of subscribers to the Launceston Homœopathic Hospital was held on September 24th, Mr. Henry Ritchie, the President, in the chair.

The following report of the Board of Management was submitted to the meeting:—

"Your Board of Management have pleasure in submitting to you the fifth annual report of the Hospital. Twelve meetings have been held by the Board during the year, the attendance averaging nearly nine, being a slight increase on last year, and showing that the interest of the members in the work of the institution remains unabated. The President has been absent from the chair on only one occasion. The

reports of the House Committee have been regularly submitted, and the Finance Committee have met regularly. We are still greatly indebted to our honorary medical officer (Dr. P. Douglas Smith), who has again given his valuable services to the Hospital throughout the year. Messrs. A. J. Hall and H. B. H. M'Christie have generously acted as honorary dental surgeons, and Miss M. Button as honorary masseuse. To the matron (Miss I. Harrison), assisted by the nurses under her charge, our thanks are due, the work of the Hospital having gone along smoothly throughout the year. Nurse Newman was in charge of the Hospital during the absence of the matron on her annual holiday, and acquitted herself to the satisfaction of the medical officer and the house committee. Nurse Lorna Ransom has passed her first examination with much credit. Mr. J. M. Martin continues to act as assistant secretary most satisfactorily. Through removal to other States the Board have lost the valuable services of Mrs. Haslam and Rev. W. J. Eddy, and their places will have to be filled. Mrs. Greig was elected to act with Mrs. Styant-Browne as a delegate to the National Council of Women, and at their annual meeting in March last Mrs. Styant-Browne read a paper on the work of the Hospital. Letters from patients who have passed through the wards of the Hospital have been received, expressing gratitude for kind and skilful treatment; and numerous entries in the visitors' book show that the neatness, cleanliness, and home-like appearance of the Hospital are appreciated. The free bed has been often used during the year; it is worthy of note that since the opening of the Hospital nearly 20 per cent of the total number of patients have been treated entirely without payment of any fees. As in previous years, no patient has been refused admission when the medical officer has considered that any alleviation could be given to suffering. Several cases have been treated which were beyond hope of recovery when admitted, but much was done to soothe their last moments; and those in charge of the Hospital feel that this was sufficient reason for admission, though, through this policy, the death-rate of the Hospital has been materially increased. Our renewed thanks are due to the donors of useful articles for the Hospital: they have been freely given during the year, and the matron and house committee are most grateful for them. Fruit, flowers, fresh eggs, poultry, fish, preserves, old linen, etc., are always most acceptable. To our annual and other subscribers we tender very grateful thanks, as should help of this kind not be forthcoming we should be unable to claim the Government subsidy on the £ for £ principle. We have received the

amount of £200 during the year from the Government, and are most thankful for this generous assistance. Our funds have been added to also by the results of two entertainments organized by the Salvation Army, totalling £3 5s.; by an elocutionary entertainment given by Mr. A. J. Hawkins and pupils, the net proceeds of which amounted to £14 5s. 3d.; and quite recently by the laudable efforts of Mrs. J. B. Mather and her little pupils, which resulted in the sum of £17 1s. 3d. To such and all of these we are exceedingly grateful. Our thanks are also due to the *Examiner*, *Telegraph*, and *Courier* for space given for notices of the work of the Hospital, for pictures of same published, for donations in advertising, and for presentation of the newspapers for the use of patients. During the year no special call has been made upon the supporters of the Hospital, but annual subscribers and other friends are asked to bear in mind that the treasurer will have to again claim the Government subsidy by the end of the year, and we hope they will still be liberally disposed to encourage the good work as in former years. You will feel satisfaction in learning that the financial position of the Hospital is sound, all the building is now well and comfortably furnished; but we hope our generous friends will see that we have the means to carry on the work year by year, so that the sphere of usefulness may be enlarged. Country subscribers are asked to bear in mind that the majority of the patients come from districts outside the city, and give us their support accordingly. Our patients arrive from all parts of Northern Tasmania; we are glad to welcome them from far and near, and try to relieve their ailments, of whatever nature they may be. We find there has been an impression prevailing that only believers in homœopathy can be admitted into the Hospital; this is entirely wrong, any suitable case would be received into the institution upon application, and it is hoped that this will be made known as widely as possible, though of course all patients are treated under the system we advocate."

The annual medical report is as follows:—

"In the year under review the number of patients treated in the Hospital was somewhat smaller than in previous years, a fact which is partly accounted for by the unfortunate epidemic of small-pox which visited us last year; though it is also true, and I think to be regretted, that the poor of our city are apparently in ignorance of the benefit they might derive from the institution which is largely intended for their relief. The character of the work done when analysed is, I think, seen to be satisfactory. The total number under treatment during the year was 43. Of these 3 remained

in the Hospital at the close of last year, and 40 were admitted during the year, of whom 4 remained in the Hospital at the close of the year. Of the 39 discharged, 18 were cured, 15 improved, 5 died, and 1 was discharged at her own request. The deaths amounted to 12 per cent, a higher proportion than previously, but all of the five who died were absolutely hopeless on admission, two being cases of inoperable cancer, and the other three no more susceptible of treatment. I conceive that the Hospital is not intended as an advertisement to prove our superiority in maintaining a low percentage of deaths, but for the relief and where possible the cure of such of the sick and suffering as can be more advantageously treated there than at home. It is very satisfactory to record that we have had no death from typhoid fever since the opening of our Hospital, which excellent result could not have been attained without the very best of good nursing. In this, as indeed in all the work of the Hospital, much credit is due to the careful and efficient work of our matron and nurses, whose intelligent and loyal co-operation I wish cordially to acknowledge as a valuable adjunct to the system of homœopathic treatment carried out in our Hospital."

"In moving the adoption of the above, the chairman pointed out that the number of patients treated during the year, namely, 43, was less than that of the previous years. This was no doubt accounted for by the small-pox epidemic, which deterred many people in the country from coming to the Hospital. The institution was still being worked with one honorary medical officer, Dr. Smith, and it was hoped that before long another would be added to the staff. He felt sure that there was ample scope for two medical men. In Hobart, with less than double the population of Launceston, there were four doctors on the staff, and when it was taken into consideration that there was a large district behind Launceston, and that the followers of homœopathy were steadily increasing, it would be recognized that there was plenty of work for another medical man. Dr. Smith had said in his annual report: 'I conceive that the Hospital is not intended as an advertisement to prove our superiority in maintaining a low percentage of deaths, but for the relief and where possible the cure of such of the sick and suffering as can be more advantageously treated there than at home.' That had been the view taken by the Board since the Hospital was founded, and never in any instance had the sick and suffering been refused treatment, though many bad cases of consumption in the last stage, cancer, and other diseases had been admitted. These had been taken in, though it was known they could not be cured, but everything had been

done to relieve the last moments in this world of the sufferers. The institution was always open to receive patients in destitute circumstances, and the books showed that 20 per cent of those treated had been assisted gratuitously. These persons were treated with as much care and attention as that accorded to others. During the last year there had not been so much typhoid fever prevalent, but the death-rate under the homœopathic treatment was lower than that under any other system. Of 19 fever patients not one had died, and this was a record of which the institution might well be proud. (Applause.)

"Mr. C. S. Button moved, and Mr. Taylor seconded, a vote of thanks to the retiring members of the Board, the honorary secretary (Mr. F. Styant-Browne), the hon. treasurer (Mr. W. S. Bell), and the hon. auditors (Messrs. H. C. Littler and N. Weetman).

"The motion was carried by acclamation, and Messrs. J. Piper, F. Styant-Browne, and W. S. Bell suitably acknowledged the compliment.

"The following officers were appointed: President, Mr. Henry Ritchie; vice-presidents, Messrs. W. S. Bell and W. Mosey; honorary treasurer, Mr. W. S. Bell; honorary secretary, Mr. F. Styant-Browne; honorary auditors, Messrs. H. C. Littler and N. Weetman; board of management, Messrs. A. Gye, J. Piper, Magnus Smith, R. E. Smith, Mesdames J. L. Forde and C. S. Button.

"Mr. A. Gye moved, 'That a hearty vote of thanks be accorded to the medical officer and the nursing staff.' The motion was seconded by Mr. J. Piper, and carried. A vote of thanks was also passed to the chairman, Mr. Henry Ritchie, on the motion of Mr. F. Styant-Browne, seconded by Dr. Smith, and to the press, on the motion of Mr. Piper, seconded by Mr. Gye.

"The following financial statement was presented by the honorary treasurer, Mr. W. S. Bell: Receipts: Donations and subscriptions, £62 9s. 1d.; fees, £159 16s. 3d.; Government subsidy, £200; Mr. Hawkins's entertainment, £14 5s. 3d.; National Bank, £17 3s. 5d. Expenditure, £449 4s.; balance, £4 10s. Assets: Furniture and effects, £180 1s. 8d.; building, £67 2s. 6d.; Savings Bank, £158 7s. 6d.; sundry debtors, £27 14s. 6d.; National Bank, £107 11s. 3d.; total, £540 17s. 5d.; liabilities, sundry creditors, £34 7s. 11d.; surplus assets, £506 9s. 6d."—*Launceston Daily Telegraph*.

CROYDON HOMŒOPATHIC DISPENSARY.

WE are glad to learn that this Dispensary has been removed from its recent premises to others more commodious. The

Dispensary Committee have been fortunate in securing premises at 128, George Street, which, being in one of the most conspicuous parts of the town, and consisting of excellent and large rooms, will bring the institution fully under the eye of the public. We congratulate the Committee of Management, and Drs. Purdom and Munster, the medical officers, on this step in advance, and we trust it will be a great success. We note that a dental department has been added to the Dispensary.

“EDUCATE THE LAITY.”

SINCE writing our leader on the education of the public, we have received the *Medical Brief* of New York, for November, in which appears under the above title the following excellent editorial, which bears on the subject of our leader, and shows that our views are largely endorsed by the thinking and far-seeing members of the profession in America.

“*Experientia docet* is an old saying, but how few there are who learn even from experience. This is because they follow others instead of observing and thinking for themselves.

“It is a fact brought out by experience that the people who know most about medicine make the best patients. They understand far better than the medically ignorant the importance of skilled advice and treatment. They know too much to defer consultation until the case becomes critical.

“The educated laity believes in prevention, appreciates the necessity of intelligent co-operation with the physician. The doctor has far less trouble in getting these patients to carry out his instructions than those who have no knowledge of medical matters. Men and women who are in the habit of reading medical literature understand what is required of them, appreciate its reasonableness and necessity.

“The medically wise will call a physician when sick rather than trust their own judgment, on the same principle that one doctor prefers to put himself in the hands of another instead of treating his own case. Only the wholly ignorant person wants to treat himself or his friends.

“Fools rush in where angels fear to tread.”

“Those who know something about medicine do not become victims of the fakir.

“The country doctor who is in the habit of lending medical literature, books, journals, etc., to his patrons, enjoys their respect, esteem and confidence. They have some grounds for appreciating his professional attainments. They can see that the preparation he has had to make for his life work, the constant study which such an occupation entails, to say

nothing of daily wear and tear, are deserving of recognition and appropriate compensation.

"The educated layman does not think 'doctorin' is such a 'snap' as the ignorant have been heard to remark.

"Do not be afraid your patients will know too much. The more they know the better they will realize how much there is they can not know, and the better patients they will make. You may not believe this, but if you will make the experiment, we think you will be convinced of its truth. Test the matter for yourself, and see what conclusions you come to."

"THE PROBLEM OF THE HOMŒOPATHIC COLLEGE."

FROM an able and interesting paper in the October number of the *Pacific Coast Journal of Homœopathy*, by our recent and distinguished visitor, Dr. W. Boericke, of San Francisco, whose name is so well known as a teacher of materia medica and an author of high standing, we extract the following, which will be read with interest by all who are interested in the educational work of the British Homœopathic Association. It is of special interest as coming from America, from which we have endeavoured to glean the best methods for teaching homœopathy, and as commenting on the methods adopted during the present year by the British Homœopathic Association.

"But there is still a number of small, struggling schools, that have done good work in the past, but their future is seriously threatened by inability to fulfil their mission, since, as we have seen, the greater laboratory demands, enlarged curriculum, paid professorships especially, and at the same time decrease in student number, make them financial failures. Say what you will, sooner or later this fact will settle their continued existence. I see but two possible solutions. Let the small college resolve itself into a *Post Graduate School of Homœopathy*. Retain, enlarge, develop *our own distinctive field alone*. No longer try to compete with other medical schools in making doctors, but offer post-graduate instruction in the principles and practice of homœopathy to graduates in medicine. Released from competition, we could centre on this, our own speciality, marshal our best men, pay them, if you please, and thereby demand and command the best service in developing the art and philosophy of homœopathy. Small number to attend your course? Of course the number will be comparatively few. But few or many, what a satisfaction to teach real seekers after truth, and what strength to the school of such trained men. See

what this method has done for Europe, especially England. Her homœopathists are of the most virile type, scientific men thoroughly imbued with the loyal faith based on rational understanding of our principles. What I mean is excellently set forth in this year's summer post-graduate course, consisting of lectures and clinical demonstrations at the London Homœopathic Hospital. It is just such a school as some of our colleges could be turned into, and save thereby from dissipation the past excellent work, and do the best thing to keep alive the knowledge of the principles and practice of our art." We fully appreciate Dr. Boericke's kind remarks.

THE PACIFIC COAST JOURNAL OF HOMŒOPATHY.

THIS journal, edited by our esteemed *confrère* Dr. Arndt, of San Francisco, has done us the honour, in its October issue, of reprinting entire our obituary notice of the late Dr. Dudgeon, and under "Editorial Chat" we find the following charming compliment to his British colleagues, which we must transcribe for their benefit, and for which we thank the editor.

"By the death of Dr. R. E. Dudgeon, of England, homœopathic medicine has lost one of its most distinguished and attractive figures. The British profession has been, and is, rich in men of a high order of ability and of charming personality; of the most brilliant of these Dr. Dudgeon was the peer."

THE SALTS OF BARIUM.*

By W. A. DEWEY, M.D., Ann Arbor, Mich.

THE preparations of barium which are used in the homœopathic materia medica, are, first, the carbonate; second, the acetate; third the iodide; and fourth and lastly, the muriate. The chief of these is the carbonate, known in our nomenclature as *Baryta carbonica*. In the provings by Hahnemann and his co-workers the acetate and the carbonate are somewhat mixed in the pathogenesis, but Hering, who was a careful observer, says that there is hardly any difference between the carbonate and the acetate, and this seems to be the case in symptoms cured. I will, therefore, consider these two salts as one, pointing out the cases where either is preferable, and bring in the other salts in the course of the paper incidentally.

* Reprinted from *The University Homœopathic Observer*, October.

GENERAL ACTION.

THE carbonate of *baryta* is a very useful but much neglected remedy. It resembles most closely *calcareæ* in its therapeutic application, and it follows that remedy well. *Baryta carbonica* is principally of service in chronic affections, but it is also useful in acute diseases of infants, and more particularly those of old age when there is great physical and mental weakness, and where degenerative changes have begun. Thus it is adapted to the two extremes of life—infancy and old age.

The particular class of patients to whom it is best suited are those of a hysterical character, those who catch cold easily, those who are addicted to the excessive use of stimulating drinks, and those persons of a scrofulous diathesis, though perhaps in this latter class *calcareæ* meets the condition better. *Baryta carbonica* affects glandular structure especially, and is a great remedy in degenerative changes.

Our main dependence in the treatment of chronic diseases is placed upon the ganglionic remedies, drugs which primarily attack vegetative life, which primarily influence nutrition. The metals and their salts are such drugs, and hence their great use, especially in chronic diseases. The most striking effect on them as a class is their effect upon nutrition. This effect seems to be exerted through the poisoning of the nerve centres and the altered chemistry of secretion. Hence we find them indicated in diseases characterized by perverted or poisoned blood and lymphatics, perverted secretions, etc., associated with spasmodic paretic and paralytic symptoms.

The *baryta* child has a large head, a scrawny neck, unhealthy hair, hypertrophied tonsils, ungainly gait, heaviness of head, and study is extremely difficult, for they are backward mentally, and they are physically dwarfish.

Baryta iodide is better suited to meningeal headaches in school children who are near puberty, who have grown rapidly, and whose glands, especially tonsils, are enlarged. It is useful in conditions of malnutrition in children where there is an imperfect development of mind, or in diseases that have slow degenerative changes, like scrofulous glandular indurations of various sorts, fatty tumours appear about the neck and back, the glands are enlarged, the muscles are flabby, the face is pale, and the patient is sensitive to cold and damp air. Its whole field of action is scrofula, and it is especially indicated when the lymphatics are in an irritated and inflamed condition. The glandular indurations and scrofulous ulcers evince a tendency to inflammation, and the enlarged glands are apt to open and discharge.

Dr. Hammond recommends *baryta muriate*, $\frac{1}{2}$ grain dose, in sclerosis of the posterior columns of the spinal cord, locomotor

ataxia, the morbid anatomy of which is atrophy of the cells with hypertrophy of the connective tissue. The same pathological condition may occur in the brain.

Hahnemann long ago pointed out many of the symptoms caused by *baryta* resembling those of cerebral and spinal atrophy, such as diseases of old age, imbecility, paralysis, loss of co-ordination of motion, etc.

The pathological condition then indicating *baryta* as a homœopathic remedy is *hypertrophy of the connective tissue*. The atrophy of the nerve substance is the necessary result of such a condition. Thus we have hypertrophy of tonsils, prostate gland, testicles, ovaries, thyroid gland, mesenteric glands, mammary glands. Let us now look at its symptomatic and therapeutic application.

MENTAL SYMPTOMS.

THERE is a peculiar dread of men ; when walking in the street the women provers imagined that men were laughing at them and criticizing them to their disadvantage, which in woman is an uncomfortable sensation. Very easily frightened, irresoluteness, evil apprehensions, cowardice and fearfulness. Patient seems suddenly overwhelmed with apprehensions of evil, cries out that his family or friends are ill, which causes great distress. Anxious about the most trivial affairs, forgets what has just been said, just done, or what he is going to do or get. It has a loss of memory in as great a degree as *anacardium*.

Apoplexy of old people, especially if caused by the excessive use of stimulating drinks, is well met by *baryta carbonica*. The patient cannot speak, he acts childishly, at times appears anxious, at others fearful. Paralysis following apoplexy in old people. There is a feeling of debility, and the knees give way and there is more or less pain in the lumbar region of the spine. There may be facial paralysis or paralysis of the tongue. One of the peculiar head symptoms is a coldness of the right side of the head, and it is useful for baldness resulting from degenerative changes.

Otalgia. "*Baryta carbonica* has been an 'apple of Sodom' in my hands." The symptoms points very clearly to an abnormal, open condition of the Eustachian tube. "Cracking in one ear on swallowing, as if breaking." "A reverberation in one ear on blowing the nose violently, crackling in the ear when sneezing." The glands around the ear are painful and swollen. A noise in the right ear at each inspiration.

Tonsillitis.—Tonsillitis and chronic disposition to inflammation of the tonsils is better met with this remedy than any other in our materia medica. It will prevent suppuration if

given in time, and will break up the disposition to inflammation of these parts. The tendency among practitioners I find is to give *baryta carbonica* for nearly every case of enlarged tonsils that comes to hand, and one hears from every side that it is often given without effect. I believe if so prescribed it will be more often without effect than with effect. While *baryta carbonica* may be an excellent remedy in some forms of chronic tonsillar enlargement, it by no means meets every case; in fact, the cases to which it is strictly homœopathic are rather rare. If one does not take into consideration the general temperament of the patient, and be sure that that corresponds to *baryta carbonica*, failure will always be the result. But in acute tonsillitis it is far more often indicated, and will bring about astonishing results. Attention was first called to this use of *baryta* by Dr. Ransford, of England, who gave *baryta* 12 for acute tonsillitis; he found that the 3d would not do, and remarked that the 5th and 6th was as low as it should ever be given. This experience was verified by Hughes, Madden, and other English homœopaths, and many of our well-informed specialists use the remedy to-day almost exclusively for the acute form of tonsillitis. I am told by our own Professor Copeland that such is his chief use of the remedy. It seems to act on the parenchyma of the organ. There are stitching and smarting pains in the tonsil, the patient takes cold easily, and with every cold there is a tendency to suppuration of these organs, a genuine quinsy. The pains are worse from empty swallowing. In children who are likely to have this condition there will be found frequently a chronic nasal catarrh with an abundant discharge of thick, yellow mucus and a dry feeling every time the nose is blown. It is also a useful remedy in asthma of old people with a constant laryngeal cough.

Stomach.—Dyspepsias of the young who have masturbated, who suffer from seminal emissions, cardiac irritability and palpitation.

Atrophy of infants.—Dr. Farrington says that *baryta* is very similar to *causticum* in mental weakness, timidity, and slowness in learning to walk. Both have an eruption chiefly on the occiput. But in *baryta* the brain may be actually undeveloped, as in the sclerosis of infants. The child is dwarfish, it does not want to play, but sits idly in the corner. It cannot be taught, for it cannot remember. The face is red, the abdomen bloated, the rest of the body being wasted; stools imperfectly digested, loose and pappy or hard and dry. Glands are enlarged, especially the cervical, and the tonsils child wants to eat all the time, but is averse to sweet things and fruits. A little food satiates. Habitual colic in children

who do not thrive, who seem hungry but refuse food, enlarged mesenteric glands, abdomen hard and swollen, food is painful. In these conditions *baryta* is similar to *silicea* : it has the sweat of the feet, the tendency to take cold easily, but the difference is that with *silicea* there is no weakness of the memory ; the *silicea* child is bright, even precocious.

Adenitis in children who take cold easily and have sore throats and swelling of the tonsils, thick crusts behind the ears. It seems to be especially active on the glands of the posterior triangle behind the sterno-cleido-mastoid muscle.

Tumours.—There is one affection in which we may confidently predict a cure with this agent, and that is fatty tumours, no matter on what part of the body they may occur. These tumours are quite frequent in persons addicted to strong drink, and "It has been my fortune to witness," says Dr. Hoyne, "and treat a number of cases. I have given uniformly *baryta* 200th, and have not yet failed to cure a single case. Try it the first opportunity that presents itself, and I am quite sure your testimony will accord with mine."

Dr. Elias C. Price says : "I have cured a great many cases of fibroid tumors on the eyelids with *baryta carbonica* 30th centesimal, and recently the 200th. Sometimes I have found it necessary to interpolate *silicea* or *kali carbonicum*."

In arterial diseases we frequently obtain well marked curative action from *baryta carbonica*. It indicates a certain preference for the tissues composed of non-striated muscular fibres. The muscular coats of the vessels as well as the heart are affected by it. It is an extremely valuable remedy in degenerative changes in coats of the arteries, aneurism, arterial fibrosis, in apoplexy as the result of senility, etc.

Baryta muriaticum.—Hale says this is the best remedy in glandular enlargements, tonsils, testes and perhaps the prostate. Liebold used it in strumous ophthalmia with enlargement of cervical glands in stunted patients. It is also a useful remedy in chronic cough of scrofulous children with glandular enlargements, aneurism.

PROLONGED FASTING IN THE TREATMENT OF ACUTE DISEASES.

At the annual meeting of the New York State Medical Association, October 17th to 20th (*Med. News*, October 22nd), Norton Jerome Sands read a paper on prolonged fasting in the treatment of acute diseases. He said that during the course of acute diseases the digestive powers were in abeyance in proportion to the severity of the disease, and that too frequently the patient was overfed. This aggravated the

condition of the patient by setting up intestinal indigestion, with resulting toxæmia. During twenty-one years Sands said he had gone to the other extreme, by withholding all food during the active stages of the acute diseases, giving only water. He reviewed his treatment of typhoid fever, saying that he withheld all food for twenty-one days, and, after thoroughly cleaning out the bowel, he gave 2 quarts of water a day. His experience had shown him that there was no tympanites and no diarrhœa, and that the temperature was usually two or three degrees lower than is common in typhoid. He had also found that the cold sponge was not necessary after the first week. After the third week he began again to give liquid food, and contrary to the usual expectation the patient was not weakened by the prolonged fast, and did not even seem to be as weak as the patient fed in the customary way in typhoid. All other acute intestinal diseases had been treated similarly. Food was imperfectly digested during the course of all acute intestinal diseases, and feeding was therefore irrational; it only added to the gastro-intestinal disturbance. In the discussion Wiggin said that he had found that sepsis was a condition in which it was not advisable to feed the patient, and he thought fasting was valuable in such conditions.—*Brit. Med. Journal*, Nov. 12th.

SCIENCE.

WHAT is Science? Science is an accumulation of actual facts learned through observation and experience, and logically related to the working of natural law. Most of what is called Science consists of theories and fads. True science is made up of facts and logical deductions made therefrom. Facts and the conclusions drawn from them are susceptible of demonstration, as much so as a problem in mathematics. . . . Truth is often obscured for the time being, but the facts will work themselves out through the never-ceasing operation of nature's laws. Hence truths reappear from time to time in different forms, allied to error, just as gold is seldom found pure, but in combination with grosser earths and ores.

Mankind is very apt to confound science with authority—to conclude that because a man of reputation and position says a thing is so, it must be true. Such considerations are purely external, and should not be given undue weight. If such a man has undertaken and followed up his investigations in a scientific spirit he may, indeed, have gotten nearer to the truth than the rest of us. But such a man never attempts to exercise authority. He does not exploit science for the subjugation of his fellow creatures. He is not ambitious to

be a leader. He simply lets the truth transpire. The self-constituted authority offers us, not truth, not scientific facts, but his personal dictum.

Let every doctor acquire the scientific spirit. Let him learn to think, feel, reason, observe, examine, weigh, deduce for *himself*. Common-sense is the genius of science. Every man's experience has its separate and related value. Follow no one. Accept nothing. Go to the facts. Prove all.—From editorial in the *Medical Brief*, May.

THERAPEUTIC IGNORANCE.

It is not strange that doctors who are least acquainted with drugs, their powers and indications, should be sceptics. It would be strange if it were not so. When we find a doctor who knows his *materia medica*, who investigates remedies of all schools and classes, who is neither prejudiced nor partisan, seeking only for facts, we find also the therapeutic optimist, the scientific prescriptionist, the man whose knowledge is accurately classified.

The man who believes in drugs is precisely the man who knows most about them. He knows exactly what a remedy will do, and he does not try to accomplish impossibilities with it. He does not prescribe for the names of diseases. He does not prescribe *a* diuretic or *a* tonic, but *the* indicated remedy. There are drugs which approach each other in type, but the good therapist will never use one for the other. They are not identical, and certain fine, distinctive differences beyond our appreciation, nevertheless can and do affect the clinical results.—From editorial in *The Medical Brief*, May.

THE GENTLE ART OF TREATMENT.

To the *Medical Brief*, of November, J. A. Burnett, M.D., Pauline, Ark., writes as follows:—

"*Hysterics*.—A good treatment for what is known as hysterics, is as follows: The first thing, give one drachm of the fluid extract of lobelia; repeat this until patient vomits freely. After vomiting, give five or ten grains of calomel, and dilate the rectum fully. Then leave the patient on neurilla, a teaspoonful every four hours.—J. A. Burnett, M.D., Pauline, Ark."

We have not come across a tit-bit like this for long. Any patient in "hysterics" who has once gone through this "cure" will be safe never to have another attack if she knows she is to be under the tender care of J. A. Burnett, M.D.!

PASSIFLORA INCARNATA.

PASSIFLORA is a nervine, antispasmodic, soporific, anodyne, and sedative. I first had my attention directed to passiflora in the sleeplessness of children. I frequently would have patients come to my office to get medicine to make baby sleep; upon inquiry they would tell me that baby was not sick, rested well during the day, but when night came would cry and fret all night, and keep the rest of the family from sleeping. You who have listened to Professor Scudder lecture, probably well remember when he used to tell the class that a child has three cries: one when it is hungry; one when it is sick; and a "cussed" cry. Now, it was this "cussed" cry that gave me a great deal of trouble; to give opiates and many of the stronger medicines that are a great many times resorted to, I deemed not only improper, but injurious. I searched my materia medica over carefully, but found nothing that seemed to fit my case, so I consulted my colleague, Dr. Brower, on the subject, and he told me that he had used passiflora with marked success in these cases, and advised me to try it. I regard it as one of the most valuable soporifics in the insomnia of children that I have ever used. It is not unpleasant to take, perfectly safe, and always produces the desired result. . . . In the convulsions of children it is of great value. . . . Many times a single dose overcomes the trouble. In insomnia caused by nervous excitement it has a very positive action. It acts similarly to chloral hydrate, but without any of the evil after-effects produced by the latter drug. It produces sound, refreshing sleep from which the patient may be awakened at any time, but, if allowed, will fall asleep again.—*Eclectic Med.* From the *American Physician*, June.

OBITUARY.

MR. GEORGE ALFRED CROSS.

It is with deep regret that we have to record the death of Mr. G. A. Cross, the Secretary-Superintendent of the London Homœopathic Hospital, which occurred suddenly at his residence at Muswell Hill on the 31st of October, at the age of 55. Mr. Cross had a fortnight before been seized with

an alarming attack of syncope when at his duties at the Hospital. After rallying from this he was conveyed home in the charge of one of the nurses. He seemed to be returning to his usual state, and was contemplating returning to work, when another attack of syncope occurred, this time ending fatally.

Mr. Cross was born in London in 1849, and was educated also in London. From his earliest years he showed strong literary tastes, devoting much time to reading and study, and choosing the best authors as his mentors. He had a remarkable memory, which aided much a great capacity for absorbing information and of mastering any subject new to him.

The British Lyceum was his first independent journalistic effort, and was a "Monthly Popular Journal of Science, Literature, and Art, devoted to the interests of the Members of Literary Institutions," and from the prospectus of which it may be interesting to quote:—

"The *raison d'être* of the *British Lyceum* is found in the existence of a large and studious class represented by no literary organ; its aim is to supply a periodical containing articles by able writers—a register of modern science, literature, and art—which, while maintaining a healthy moral tone, shall advocate the opinion of no party, sect, or religion, science, or politics. Its programme is quite original, its field of circulation quite unoccupied; it is not an organ for any individual institution, but for all members of every Literary Association, and for all others interested in popular educational progress; it originated from a conviction that nothing is more desirable among the voluntarily studious youth of the United Kingdom than the dissemination of accurate intelligence on current science and thought as the great safeguard from religious intolerance on the one hand and a blank negation on the other; its vocation as a felt necessity must be unquestioned; its success depends only upon those who recognize its value and sympathize with its purpose."

Mr. Cross also became connected with *The Fountain* ("Religious, Literary, Social") as sub-editor and reviewer in conjunction with the late Dr. Joseph Parker, and it is believed he was engaged in this work at the time of his appointment to the London Homœopathic Hospital. He contributed stories and articles to this journal.

A friendship which sprung up between Mr. Cross and the late Dr. A. H. Allshorn, through the professional services of the latter, led to his attention being called to the vacant post of Secretary at the London Homœopathic Hospital

Dr. Allshorn noting his many good qualities and considering him well suited to fill the vacancy. For this appointment Mr. Cross was tempted to apply, although it meant the sacrifice of his literary work which he loved so well, and his devoting himself entirely to the Hospital. He was appointed to this post in 1875.

In spite of his absorbing work at this Institution, he later found time to exercise his active mind and talent for writing, and, until recent years, edited the *Philanthropist*, which, as its name implies, was a journal devoted to philanthropic work and progress, and was conducted on original lines. His capacity and fondness for figures were well known, and found a vent in a series of articles dealing with "Hospital Accounts" which appeared in this journal, and in which he described an original perfected uniform system of accounts, a system which has long been adopted at the London Homœopathic Hospital and nearly all the general hospitals. Short stories also appeared in this journal, and for some years he was responsible for its "Christmas Story."

His pamphlet "Should Charities Pay Rates?" was written for the Charities Rating Exemption Society, and is still looked upon as the standard exposition of the necessity for fresh legislation on this question.

In private life he was always a favourite with Literary and Debating Societies, a paper from his pen always being received with enthusiasm and evoking eager discussion.

His paper on the several systems of distribution of public hospital collections is also considered an important criticism on those methods, and is the outcome of much serious consideration of the subject.

He often regretted that he did not qualify as a Barrister, whether he followed that profession or not, perceiving early that such qualification would have helped him greatly in his hospital work. He was specially fond of books of travel, and revelled in books by such as Livingstone, Stanley, Johnson, Sir Samuel Baker, and many others, with whom he had, in imagination, explored every quarter of the globe. He was much interested in antiquarian research, an outcome of his early fondness for history, and also in geology.

This short sketch will show what type of man Mr. Cross was, but it is his work at the Hospital that we had specially to do with. He was a striking figure in connection therewith. His quiet, calm expression of face was mingled with a determination and energy which was known to all of us, and which gave him a power which he used with unswerving devotion to the interests of the Hospital. He was appointed Secretary about thirty years ago, but in 1889 his services

were recognized as being of such value that the title of his office was altered to that of Secretary-Superintendent. The minute of the Board making this change is as follows :—

“ A recommendation of the Sub-Committee on the Internal Affairs of the Hospital that the title of the Secretary should be amended, so as to express more adequately his functions and authority as the representative of the Board was brought forward, and it was proposed by Major William Vaughan Morgan, seconded by Captain Davies, and carried unanimously, that his title should be in future Secretary-Superintendent.”

Mr. Cross in his official capacity exercised great influence, though always in the most unobtrusive manner. He was trusted with implicit confidence by the Board of Management, and was, in fact, their right hand in all that they undertook. His calm, courteous manner made him a favourite with all, and for ourselves we may say that it was always a personal pleasure to have dealings and conversations with him on business connected with the Hospital. His judgment was always sound, and this enabled him to be of much service when difficult questions cropped up, and in all his relations with the Board and the medical staff he was honourable and loyal to the best interests of the Hospital. When any great effort had to be made in connection with schemes to increase the funds of the Hospital by appeals, dinners, bazaars, or entertainments, his devoted energy and courtesy enabled him to accomplish what few other men could have done, and the organizing gifts he evinced in carrying out matters of detail were invaluable. His loss to the Hospital, to the Board, and to the medical staff is a great one, and it will be most difficult to fill the place of one who was, we may say, uniquely gifted for the important and responsible post of Secretary-Superintendent of the Hospital. Seldom has whole-hearted devotion to his work been so visible in occupants of similar posts. He has passed away suddenly at a comparatively early age, to the great sorrow of all who were connected with him in his work, and no one will have other than kindest remembrance and respect for his memory. He leaves a widow, a son (who was for years associated with him in the Hospital office), and a daughter, to whom we offer our warmest sympathy in their affliction.

CHARLES D. F. PHILLIPS, M.D., LL.D.

THOSE acquainted with the history of homœopathy about the fifties and sixties in Manchester, and Dr. C. D. F. Phillips'

connection with it before he came to London, will expect us to notice his death. But as it is a good maxim to be acted on, "*De mortuis nil nisi bonum*," we cannot trust ourselves to do more than record the fact that he departed this life on November 13th, at the age of 74.

CORRESPONDENCE.

THE SUBJUNCTIVE MOOD AND HOMŒOPATHY.

To the Editors of the "*Monthly Homœopathic Review*."

DEAR SIRS,—In a discussion such as this there is always a danger that the disputants will love controversy rather than truth, but I trust that neither Dr. Neatby nor myself will fall into this error. The "amusing" quotation is not only *literally* true, but true in every sense of the term, and not only to young students, but to old as well, and this Dr. Bradley would have been the first to admit, for it is he who made the statement. I doubt, indeed, whether any living scholar, including—or should I say "with the exception of"—Dr. Miller Neatby, really *knows* how the subjunctive ought to be used. That, however, may be a matter of opinion, and, so far as I am concerned, is of no consequence. But what I do insist upon, and have insisted upon for the last twelve years, is this, that the use of the subjunctive in our Latin motto is utterly opposed to the spirit *and* teaching, and the spirit of the teaching of Hahnemann; and I still further insist that the function of the subjunctive mood is to give *advice*, not to issue *commands*. Dr. Miller Neatby says that, given certain conditions, "he" (myself) "could never have translated *Similia similibus curentur* by the words 'Likes may be cured by likes.' " So far as I am aware I never made any such translation; in fact, my Latinity is so bad that I always use *curantur* instead of *curentur*. I must say, however, that the three translations given all seem to me to convey *essentially* the same idea, and that is an idea of *uncertainty* or *contingency*, quite foreign to the spirit of the homœopathy of Hahnemann. Apologizing for troubling you further with such a fruitless and useless discussion,

I remain, yours truly,

JOHN M'LACHLAN.

3, KEBLE ROAD, OXFORD.

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. Dr. McLachlan of Oxford, has removed from 38, Beaumont Street, to 3, Keble Road.

We have received Communications from Dr. NEWBERY (Plymouth); Dr. WATSON (Liverpool); Dr. NIELD (Tunbridge Wells); Mr. DUDLEY WRIGHT, Mr. SYDNEY CROSS, Mr. E. A. ATTWOOD (London); Dr. McLACHLAN (Oxford); Dr. PURDOM (Croydon.)

BOOKS RECEIVED.

A Clinical Repertory to the Dictionary of Materia Medica, by John Henry Clarke, M.D. *Topical, Mental, and Social Aspects of Brain Function*, by Giles F. Goldsbrough, M.D. *Cerebral Localization*, by Giles F. Goldsbrough, M.D. *The Homœopathic World*, November. *The Philanthropist*, November. *The Vaccination Inquirer*, November. *The Calcutta Journal of Medicine*, July. *The Clinical Journal*, November 9. *Launceston Daily Telegraph*, September 24. *Annual Report of the Homœopathic Hospital*, Pittsburgh, Pa. *The Emerson Hospital*, Boston, Mass. *The American Physician*, October. *The Homœopathic Recorder*, October. *The Medical Brief*, November. *The Medical Times* (New York), November. *The Hahnemannian Monthly*, November. *The Pacific Coast Journal of Homœopathy*, October. *The Medical Century*, November. *The Clinique*, October. *The University Homœopathic Observer*, October. *The North American Journal of Homœopathy*, November. *Allgemeine Homœopathische Zeitung*, November 3 and 17. *Homœopathisch Maandblad*, November 15. *Revue Homœopathique Française*, October.

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Homœopathic Review

48, No. 12.]

DECEMBER 1, 1904.

[Price 1s.]

EDITED BY

A. C. POPE, M.D., & D. DYCE BROWN, M.A., M.D.

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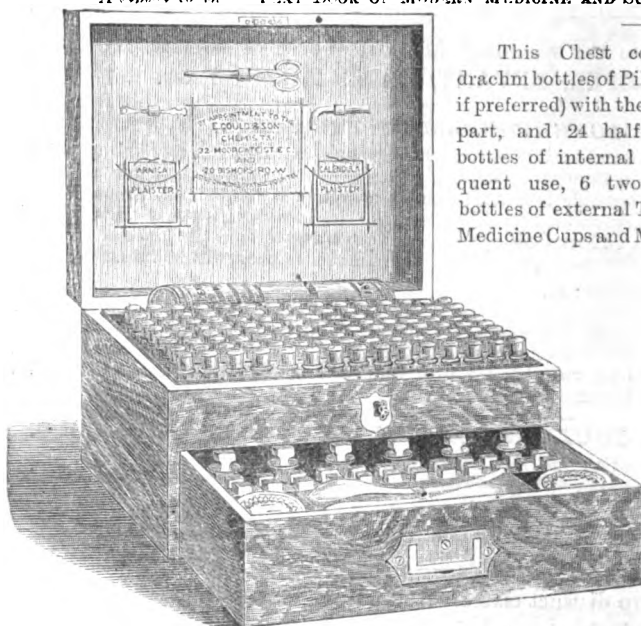
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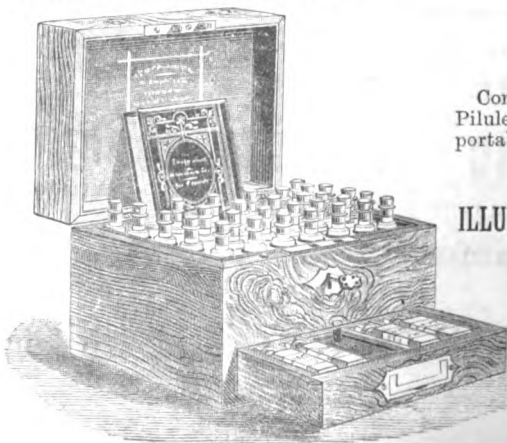


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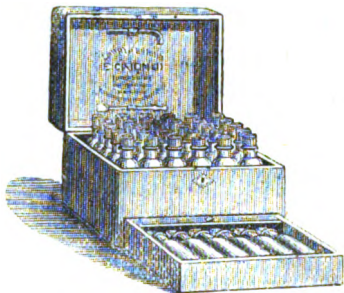
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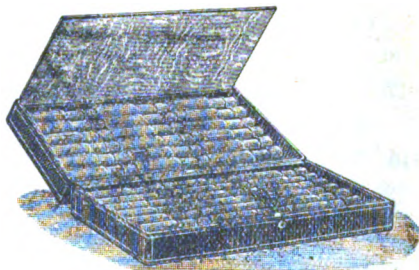
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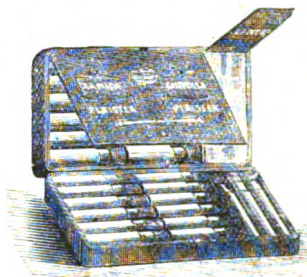
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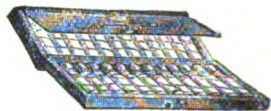
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